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| <b>Case Number:</b>   | CM14-0025908 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/20/2013 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 02/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/28/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in Georgia and South Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported an injury on 04/20/2013. The mechanism of injury was the injured worker started to unhook a trailer and he was forward flexed from the waist and reached to the right and grabbed a release bar. The release bar initially gave way, then snapped back into place. The injured worker had to pull a second time and pulled vigorously on 2 occasions and the injured worker had immediate onset of pain referable to his right upper limb. The injured worker underwent a lumbar laminectomy at L3-5 approximately 4 years prior to 01/2014. The injured worker underwent an EMG of the right lower extremity which revealed a right L5 radiculopathy. There was a request for authorization dated 02/12/2014, requesting inpatient cervical discectomy and fusion at C5-6, and including an external bone growth stimulator. The documentation of 02/07/2014 revealed the injured worker continued to complain of back pain with radiation to the right leg. It was noted the injured worker had not had an MRI of the lumbar spine. The injured worker was complaining of neck pain with radiation to the right upper extremity for the 2nd and 3rd digits. The pain was worse upon turning the head. The injured worker had an MRI of the cervical spine which was significant for foraminal stenosis and disc osteophyte complex worse on the right at C5-6 with compression against the right C6 nerve root. The physical examination revealed diminished light touch to the right forearm; 1st, 2nd, and 3rd digits. The injured worker had an absent reflex in the right biceps. The diagnoses included cervical stenosis with radiculopathy and disc displacement. The treatment plan included a C5-6 nerve root decompression. There was no Request for Authorization or rationale submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**External Bone Growth Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fusion, Anterior Cervical.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Bone Growth Stimulator.

**Decision rationale:** The Official Disability Guidelines indicate that bone growth stimulators are under study. It may be medically necessary as an adjunct to a spinal fusion for injured workers with any of the following risk factors, including: 1 or more previously failed fusions, Grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis that has been demonstrated on radiographs. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker would meet the above criteria. The request as submitted failed to indicate the duration of use. The request as submitted failed to indicate the body part to be treated. There was a lack of documented rationale. Given the above, the request for External Bone Growth Stimulator is not medically necessary.