

Case Number:	CM14-0039652		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2003
Decision Date:	09/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 65 year old female who reported an injury on 10/18/2003. The mechanism of injury not provided. The injured worker has diagnoses of cervical spondylosis with mechanical neck pain secondary to industrial injuries, failed cervical fusion with an unstable fusion and anterior listhesis, short acting opioid therapy high dose. Past treatment has included medications. Diagnostic studies included an MRI of the cervical spine, the date of which was not provided and a cervical spine, unofficial CT done 08/08/2013 revealed severe multilevel cervical spondylosis and status post cervical spinal fusion from C5-C7 with incomplete osseous union at 5-6 and 6-7. The injured worker complained of neck pain upon movement and indicated sitting more than 30minutes causes neck to ache on 01/10/2014. The physical examination revealed the injured worker rated her pain at 2/10. The provider noted sitting for less than 30 minutes and standing was tolerated for 30 minutes and walking was tolerated for 60 minutes. The medications included oxycodone. The treatment plan was for a Bone Growth Stimulator. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and Upper Back, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Bone Growth Stimulator.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary. The request for DME - Bone Growth Stimulator is not medically necessary. The injured worker has a diagnoses of cervical spondylosis with mechanical neck pain secondary to industrial injuries. The Official Disability Guidelines state either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for failed fusion. Risk factors may include a history of one or more previous failed spinal fusion(s), grade III or worse spondylolisthesis, a fusion to be performed at more than one level, patients whom are current smokers, patients with Diabetes, Renal disease, Alcoholism, or patients with significant osteoporosis which has been demonstrated on radiographs. The request does not indicate the site at which the bone growth stimulator is to be applied. The provider requested a cervical spine fusion revision; however, there is a lack of documentation indicating the injured worker is approved for and scheduled to undergo a revision of the fusion to the cervical spine. Therefore the request is not medically necessary.