

Case Number:	CM14-0039832		
Date Assigned:	06/27/2014	Date of Injury:	11/26/2002
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 64 year old female who sustained an injury to her neck on 11/26/02. The mechanism of injury was not documented. An MRI of the cervical spine dated 07/24/13 revealed degenerative disc disease and facet arthropathy/anterolisthesis at C3-4, retrolisthesis C4-5 and C5-6; canal stenosis includes C3-4 mild, moderate and C5-6 mild to moderate; neural foraminal narrowing includes C3-4 moderate left, C6-7 severe right, moderate to severe left and C6-7 severe right, moderate left; degenerative disc disease seen with focal protrusions proximal throughout the thoracic spine including T2-3, T4-5, and T6-7. Physical examination noted antalgic gait; ambulation with single point cane; tenderness to palpation throughout the cervical, thoracic, and lumbar paraspinal musculature, as well as centrally; decreased range of motion of the cervical spine at all fields; decreased sensation in the right C5-6 and C6-7 dermatomes; motor strength 4+/5 in the right biceps, triceps, wrist extensors and wrist flexors, neck -5/5 left wrist flexors; remainder of upper extremity strength 5/5; hyperreflexive throughout the bilateral upper extremities, right greater than left; positive Hawkin's bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

EBI external bone 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-Bone growth stimulators.

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 stimulators (BGS).

Decision rationale: The previous request was denied on the basis that the injured worker was reportedly approved for C5 through C7 fusion. No non-union could be diagnosed at this point. A bone growth stimulator is not required, even for a 2-level fusion. Meticulous surgical technique and judicious use of bone grafting are the mainstays to ensure fusion, not use of a bone growth stimulator. There is no indication that the injured worker has failed spinal fusion, grade 3 or worse spondylolisthesis, smoking habit, renal disease, diabetes, alcoholism, or significant osteoporosis which has been demonstrated on plain radiographs. Given this, the request is not medically necessary.