

Case Number:	CM14-0045662		
Date Assigned:	06/27/2014	Date of Injury:	05/25/2011
Decision Date:	07/23/2014	UR Denial Date:	03/24/2014
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 Orthopaedic Surgery 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:

This 57-year-old male sustained an industrial injury on 5/25/11. The mechanism of injury is not documented. The 2/13/14 progress report indicated the patient was scheduled for a lumbar fusion in March. The subjective complaints included low back pain radiating down the left leg to the foot, and radiation of pain and numbness down the left arm to the hand. Physical exam findings documented mildly antalgic gait, diffuse cervical and lumbar tenderness to palpation, decreased lumbar range of motion all planes, and lumbar facet tenderness bilaterally. There was decreased L3-S1 dermatomal sensation on the left. There was 4/5 left tibialis anterior and extensor hallucis longus strength. The diagnosis was multilevel cervical and lumbar herniated nucleus pulposus with moderate to severe stenosis, cervical and lumbar radiculopathy, degenerative disc disease and facet arthropathy with left L5 spondylosis, grade 1 spondylolisthesis L5 on S1, and pars defect L5. The patient was to proceed with lumbar fusion surgery. The 3/11/14 pre-operative medical clearance documented past medical history negative for medical problems or tobacco use. The patient underwent posterior interbody lumbar fusion at L5/S1 on 3/13/14. The 3/24/14 utilization review denied the request for external bone stimulator for the cervical spine. There was no indication why a cervical bone stimulator was medically necessary following lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTERNAL BONE STIMULATOR CERVICAL SPINE: 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), Low Back Chapter, Bone Growth Stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Bone-growth stimulators (BGS).

Decision rationale: The California MTUS do not address the use of bone growth stimulators. The Official Disability Guidelines (ODG) indicates that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. In this case, the ODG criteria have not been met. The request is for a cervical bone growth stimulator which remains under study. The patient has undergone a recent lumbar fusion and fails to meet guideline criteria relative to that surgery also. His past medical history is negative for chronic disease or a current smoking habit. There was no evidence of a previous failed fusion, multilevel fusion, or grade III spondylolisthesis. Therefore, the request for an external bone stimulator for the cervical spine is not medically necessary.