

Case Number:	CM14-0067571		
Date Assigned:	09/18/2014	Date of Injury:	01/15/2013
Decision Date:	10/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 Illinois. 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 51-year-old male with a reported date of injury of 01/15/2013. The mechanism of injury was lifting a heavy object. The medications included Ritalin. The surgical history included right shoulder surgery in 08/2013 and hemorrhoidectomy in 2014. The diagnoses included severe cervical stenosis, impingement syndrome of the right shoulder and cervical cord compression. The past treatments included pain medication, physical therapy, and surgical intervention. The MRI of the cervical spine performed on 04/10/2013 was noted to reveal severe disc height loss at C5 to C6. The subjective complaints on 04/01/2014 included neck pain traveling to his right upper extremity with numbness, tingling, and weakness. The physical examination noted decreased range of motion to the cervical spine with tenderness to palpation and spasms in bilateral trapezius muscles. The treatment plan was not noted in the records. A request was received for durable medical equipment MI. The rationale for the request was not provided. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator for 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

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, Bone growth stimulators (BGS)

Decision rationale: The Official Disability Guidelines state bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery if the fusion is to be performed at more than 1 level, or if the injured worker has a history of previously failed fusions, grade 3 or worse spondylolisthesis, a current smoking habit, diabetes, renal disease and/or alcoholism, and/or significant osteoporosis. The submitted documentation states that the injured worker was recommended for cervical fusion. However, there is a lack of documented evidence that the injured worker has significant comorbidities, a history of previously failed fusion, a current smoking habit, or a grade 3 or worse spondylolisthesis to warrant the use of a bone growth stimulator. Additionally, bone growth stimulators are only recommended in the lumbar spine. In the absence of documentation showing that the injured worker has an indication to support the use of a bone growth stimulator per the reference guidelines, the request is not supported. As such, the request is not medically necessary.