MAXIMUS Federal Services

Case Number:	CM14-0070911		
Date Assigned:	07/14/2014	Date of Injury:	09/15/2011
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 09/15/2011. The listed diagnoses per provider are: 1. Cervicalgia. 2. Cervical radiculopathy. According to progress report 01/30/2014, the patient continues to have severe left upper extremity pain. He has shoulder blade pain, which he rates as high as 8/10. Patient states the pain radiates down his left arm culminating in numbness in the ulnar 2 digits of his left hand. Examination revealed significant weakness in the arm, biceps, triceps, and wrist flexors and extensors. Grip strength is weak and abducting strength is weak in the arm. There was mild atrophy in the forearm noted. Treater reviews an MRI of the cervical spine and reports, "The MRI scan has a very severe foraminal narrowing at C6-C7 off to the left-hand side and milder narrowing off to the right- hand side, but the level both above and below looked fine from a root nerve perspective." Treatment plan is to perform an anterior cervical discectomy and fusion from C6-C7. Treater states, "I think that only one level needs to be done." This is a request for bone growth stimulator. Review of progress reports from 12/05/2013 through 01/30/2014 by 7 different physicians do not provide a discussion regarding the requested bone growth stimulator.
Utilization review denied the request on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone Growth Stimulator for L-spine.

Decision rationale: This patient presents with continued severe left upper extremity pain. He has shoulder blade pain that radiates down his left arm and into the ulnar 2 digits of his left hand. The treater has requested an anterior cervical discectomy and fusion from C6-C7, and the request is for a bone growth stimulator. The MTUS and ACOEM guidelines do not discuss bone growth stimulators. ODG guidelines states bone growth stimulators are under study. ODG further states, "There is conflicting evidence, so case by case recommendations are necessary." For criteria, the following are recommended per ODG: 1) one or more previous failed spinal fusion; 2) grade 3 or worse spondylolisthesis; 3) fusion to be performed at more than 1 level; 4) current smoking habit; 5) Raynaud disease, diabetes, alcoholism; or 6) significant osteoporosis. In this case, it appears the treater is requesting a bone growth stimulator for postoperative use for the requested anterior cervical fusion. The medical file provided for review does not indicate the patient has been approved for this surgery. Furthermore, the treater is requesting one level fusion. The cervical bone stimulator is recommended by ODG when fusion is performed at more than one level. The requested bone stimulator is not medically necessary.