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| Case Number: | CM14-0094783 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/22/2010 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 Internal 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 56 year old woman who had an anterior cervical discectomy and bone fusion performed in December 2013 for cervical radiculopathy. The date of injury is noted as November 22, 2010. She suffered from a pseudoarthrosis that was radiographically diagnosed. In April 2014, she was seen by the primary treating provider who documented that another computed tomography (CT) had been done, showing good bone fusion, which was "great news". She was seen again in May 2014 when some "issues" were noted with the bone stimulator. There was no elaboration of these points. The current request is for new bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

New bone stimulator and patches for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Neck, Bone growth stimulator.

Decision rationale: The patient has been documented to have fusion by CT, noted in April 2014 clinical notes. She has minimal symptoms as of the examination dated May 2014. She had no

symptoms of radiculopathy as of May 2014. Therefore, the reason for requesting a new bone stimulator is not clear. Since the patient has had bone fusion, a new stimulator is not medically necessary. Therefore, the request is not recommended.