

Case Number:	CM14-0096657		
Date Assigned:	07/28/2014	Date of Injury:	04/01/2010
Decision Date:	09/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic 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:

Claimant with industrial injury noted to be 04/01/2010. Claimant is status post C5-C7 fusion on 03/08/2011. MRI cervical spine on 02/05/2014 reveals prior surgical fusion at C5-C7. Report notes there is spondylosis at C4/5 and C5/6. Multilevel foraminal stenosis is noted at C6/7 on the left. Exam note on 05/12/2014 demonstrates progressive neck pain and radiculopathy. Exam notes there is 4/5 weakness of the left elbow extensors and left wrist extensors. Radiographs demonstrate anatomic placement of cervical plate and screws. Incorporation of the interbody arthrodesis at C5/6 and C6/7 is noted. Certification is noted for C6/7 laminectomy, facetectomy and foraminotomy on utilization review on 06/03/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper back Procedure Summary, Bone-growth stimulators; Aetna Clinical Policy Bulletins number 0343.

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 stimulator.

Decision rationale: The MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG neck and upper back, it is under study. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, there is no fusion performed and there is no evidence of prior pseudarthrosis in the records submitted. Therefore this request is not medically necessary.