MAXIMUS Federal Services

Case Number:	CM13-0016112		
Date Assigned:	10/11/2013	Date of Injury:	12/21/2010
Decision Date:	04/01/2015	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male, who sustained an industrial injury on 12/21/2010. The current diagnosis is status post C4-5 disc replacement with C5 to C7 anterior cervical discectomy and fusion (1/11/2013). Currently, the injured worker reports significant improvement in his overall symptomatology with respect to his cervical spine. He is very happy with the results. The physical examination of the cervical spine reveals a well-healed incision in the anterior cervical spine. There are no significant neurological deficits in the upper extremities. Exam note of 5/14/13 demonstrates radiographs which disclose C5-C7 fusion with some bone consolidation appreciated. Treatment to date has included medications, two cervical epidural blocks, and surgery. The treating physician is requesting cervical bone stimulator, which is now under review. On 8/15/2013, Utilization Review had non-certified a request for cervical bone stimulator. Non-MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Bone Stimulator for Cervical: 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) - TWC Neck and Upper Back Procedure Summary Aetna Clinical Policy Bulletins Number 0343. Bone

Growth Stimulators: Electrical Stimulation.Unicare Medical Policy #DME00004. Electrical Bone Growth Stimulation.

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

Decision rationale: CA 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. An alternative Guideline, the low back chapter was utilized. 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, the exam note from 5/14/13 does not demonstrate evidence of delayed healing or high risk factors. Therefore the determination is for non-certification.