

Case Number:	CM14-0173753		
Date Assigned:	10/27/2014	Date of Injury:	09/23/2011
Decision Date:	01/23/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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:

The injured worker is a 59-year-old who reported injury on 09/22/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervical spine stenosis with radiculopathy at C4-5, C5-6. The injured worker's past treatments included medications and epidural steroid injections. The injured worker's diagnostic testing included unofficial MRI of the cervical spine on unknown date which indicated disc desiccation throughout the cervical spine, protrusion at C4-5, C5-6, and C6-7 with severe stenosis at C4-5, C5-6 and moderate stenosis at C6-7. The injured worker's surgical history was not provided. On the clinical note dated 08/04/2014, the injured worker complained of neck and left arm pain. The injured worker had decreased range of motion of the cervical spine, midline and paraspinal tenderness, impression test was negative, Spurling's test was positive on the left side, decreased strength in bilateral C5, C6, and C7 distribution. The injured worker's medications included were not provided. The request was for bone growth stimulation unit and university brace. The rationale for the request was to utilize post-surgically. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Bone growth stimulation unit: 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), Low Back, Bone Growth Stimulators (BGS)

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

Decision rationale: The request for associated surgical service: Bone growth stimulation unit is not medically necessary. The Official Disability Guidelines state bone growth stimulators are under study. Criteria for use for invasive or noninvasive electrical bone growth stimulators under the Low Back Chapter includes either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion; 1 or more previous failed spinal fusions; grade 3 or worse spondylolisthesis; fusion to be performed at more than 1 level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis which has been demonstrated on radiographs. Medical records indicate that the fusion is to be performed at more than 1 level. However, there is a lack of documentation indicating the anterior cervical discectomy fusion of C4-5, C5-6 to have been authorized. As such, the request for associated surgical service: Bone growth stimulation unit is not medically necessary.

Associated surgical service: University brace: 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, Cervical Collar, Post Operative (Fusion)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Back brace, post-operative (fusion)

Decision rationale: The request for associated surgical service: University brace is not medically necessary. The Official Disability Guidelines do not recommend cervical collar after single level anterior cervical fusion with plate. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Medical records indicate the injured worker is to undergo anterior cervical discectomy fusion of C4-5, C5-6. However, there is a lack of documentation indicating authorization of the surgical procedure. As such, the request for associated surgical service: University brace is not medically necessary.