

<b>Case Number:</b>	CM14-0196345		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 spinal surgeon, and is licensed to practice in New York. 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 40-year-old female with a date of injury of August 31, 2006. The patient has chronic neck pain. She had ACDF surgery at 3 levels of the cervical spine 2 weeks ago. She still has pain on the right side of her neck face and arm. She reports numbness and tingling in the lower extremities. On physical examination the incision is clean and dry with no signs of infection. There is tenderness palpation of the paraspinal muscles. There is decreased sensation in the right C5 to C8 dermatomes. At issue is whether bone growth stimulator is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: External bone stimulator purchase for cervical spine:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Chapter, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Neck Pain Chapter.

**Decision rationale:** This patient does meet establish criteria for use of a bone growth stimulator in the cervical spine. Specifically, the patient had fusion surgery involving 3 or more levels of the cervical spine. The surgery was performed approximately 2 weeks ago. Since 3 or more levels of the cervical spine are being fused, then the use of a bone growth stimulator is justified. However, it is possible to rent the bone growth stimulator rather than to Purchase it. Approval for the bone growth stimulator device to be maintained for a period of 3-6 months should be granted; however, it is unnecessary for the device to be purchased permanently by the patient. The patient does meet criteria for rental of a bone growth stimulator device postoperatively for approximately 3-6 months.