

<b>Case Number:</b>	CM14-0199318		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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 32-year-old male who reported an injury on 09/30/2011. The mechanism of injury was when a package fell and hit him on the neck and upper back. His diagnoses included stenosis with radiculopathy, cervical strain and cervical spondylosis with kyphosis at C4 to C7 with mild central stenosis at C5-6, and mild bilateral foraminal stenosis from C5 to C7, and cervicogenic headaches. Past treatments were noted to include medications, and injections. On 09/24/2014, it was noted the injured worker had complaints of severe neck pain which radiated to his bilateral arms causing numbness and tingling. He reportedly wakes up nightly with headaches. Upon physical examination, it was noted that the injured worker motor function of the upper extremities was intact although there was noted decreased light touch sensation in the right forearm. His medications were noted to include Doral 15 mg, tramadol 150 mg, and Fexmid 7.5 mg, Norco, and Butalbital. The treatment plan includes medications. A request was received for Purchase of a [REDACTED] bone growth stimulator for the cervical spine without a rationale. The Request for Authorization form was signed on 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a [REDACTED] bone growth stimulator for the cervical spine:** 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)

**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, Bone growth stimulators (BGS)

**Decision rationale:** The request for Purchase of a [REDACTED] bone growth stimulator for the cervical spine is not medically necessary. According to the Official Disability Guidelines, bone growth stimulators are under study as there is conflicting evidence in regard to its efficacy. The criteria for the use of an invasive or noninvasive electrical bone growth stimulator is that they may be considered medically necessary in adjunct to spinal fusion surgery with any of the risk factors for failed fusion including 1 or more previous failed spinal fusions, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which is evident by radiographs. The documentation submitted for review did not note previous or projected spinal fusions. The documentation also did not note grade III or worse spondylolisthesis, nor were radiographs provided which showed significant osteoporosis. Additionally, it was not indicated that this injured worker had diabetes, renal disease, alcoholism or if the injured worker was a current smoker. As bone growth stimulators are under study as there is conflicting evidence on its efficacy, and as this injured worker did not meet the criteria, the request is not supported by the evidence based guidelines. As such, the request for Purchase of a [REDACTED] bone growth stimulator for the cervical spine is not medically necessary.