MAXIMUS Federal Services

Case Number:	CM15-0109906		
Date Assigned:	06/16/2015	Date of Injury:	11/17/2009
Decision Date:	07/15/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 45-year old male, with a reported date of injury of 11/17/2009. The diagnoses include neck pain, cervical spondylosis at C3-6, and multilevel cervical disc disease. Treatments to date have included oral medications, cervical spine surgery on 04/17/2015, and an MRI of the cervical spine on 06/25/2013. The progress report dated 05/06/2015 indicates that the injured worker had intermittent pain in the cervical spine. The pain was characterized as dull. There was radiation of pain into the upper extremities and associated migraine headaches and tension between the shoulder blades. The pain was improving and was rated 4 out of 10. An examination of the cervical spine showed tenderness to palpation of the paravertebral muscle with spasm, negative axial loading compression test, negative Spurling's maneuver, limited range of motion with pain, a well-healed scar, grossly intact neurovascular status in the upper extremities, no neurologic deficit in the upper extremities, no signs of infection, no wound drainage, and some cellulitis and redness round the surgical site. The treating physician requested one bone stim unit for the cervical spine. The treatment was requested due to a lack of bone healing at this stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bone stimulator unit for Cervical Spine ([redacted]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back chapter - Bone growth stimulators (BGS); Lower Back chapter - Bone growth stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone stimulator.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that bone stimulators are under investigation due to clear lack of efficacy and should be considered only on a case-by-case basis. Criteria for use as an adjunct to spinal fusion surgery include failure of previous spinal fusion surgery, grade 3 or worse spondylolisthesis, fusion at more than one level, current smoker, significant osteoporosis, diabetes or alcoholism. Criteria have not been met in the provided clinical documentation and therefore the request is not certified.