

Case Number:	CM15-0132212		
Date Assigned:	07/20/2015	Date of Injury:	09/27/2009
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: Illinois, California, Texas
 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:

This injured worker is a 48-year-old female who sustained an industrial injury 9/27/09. Injury occurred relative to stacking cases from one pallet to another over a week's time. Past medical history was positive for hypertension, history of deep vein thrombosis, and high cholesterol. Social history was negative for smoking. The 10/30/12 cervical spine MRI documented desiccation and moderate loss of disc height at C5/6, associated with a broad-based central disc protrusion resulting in mild central canal narrowing and moderate bilateral foraminal stenosis. There was a small disc protrusion at C6/7 with mild central canal narrowing and mild to moderate neuroforaminal stenosis. The 11/20/14 cervical spine x-rays documented moderate loss of disc height, large bridging osteophytes, and moderate bilateral uncovertebral hypertrophy at C5/6 and C6/7. The 5/7/15 treating physician report indicated that the injured worker presented for pre-op evaluation in preparation for anterior cervical discectomy and fusion at C5/6 and C6/7. The diagnoses included cervical spine spondylosis with foraminal stenosis. The treatment plan included proceeding with surgery. Authorization was requested for an external bone growth stimulator. The 6/17/15 utilization review non-certified the request for a bone growth stimulator based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative purchase of external spine bone growth stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Bone-growth stimulators (BGS); Low Back ½ Lumbar & Thoracic Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. Guideline criteria have been met. Records indicated that the injured worker was scheduled for a 2-level anterior cervical discectomy and fusion. Therefore, this request is medically necessary.