

Case Number:	CM15-0136783		
Date Assigned:	07/24/2015	Date of Injury:	05/13/2004
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, 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 50 year old female, who sustained an industrial injury on 5/13/2004. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include cervical herniated nucleus pulposus, spondylosis instability, status post cervical discectomy and fusion. Currently, she complained of neck pain and stiffness. She reported doing well post surgery completed on 11/12/14. On 5/19/15, the physical examination documented cervical tenderness and muscle spasms. The plan of care included a cervical spine bone stimulator to promote bone healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine bone stimulator: 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 and upper back procedure summary.

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.

Decision rationale: MTUS does not address bone growth stimulators. The ODG states bone growth stimulators remain under study. They are indicated when non-unions, failed fusions, congenital pseudoarthrosis or where there is no evidence of progression of healing for 3 or more months despite appropriate fracture care. They are also indicated in delayed unions of fractures or failed arthrodesis at high risk sites. In this case, the claimant underwent a cervical spine discectomy and fusion at C5-C6 on 11/21/14. There are no clinical or imaging findings consistent with non-unions, failed fusions or significant risk factors for pseudoarthrosis in this patient. Therefore the request is not medically necessary.