

Case Number:	CM15-0136818		
Date Assigned:	07/24/2015	Date of Injury:	05/18/2011
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 5/18/11. The injured worker has complaints of low back pain that radiates into the lower extremities. The cervical spine examination noted that there is palpable paravertebral muscle tenderness with spasm and lumbar spine there is palpable paravertebral muscle tenderness with spasm. The diagnoses have included cervicalgia status post-surgery and lumbago. Treatment to date has included medications. The request was for Cervical Bone Stimulator (Purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Bone Stimulator (Purchase): 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 (Online Version), Bone growth stimulators (BGS); Lumbar and Thoracic Chapter (Online Version), Bone growth stimulators (BGS).

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 Low Back Chapter, Bone growth stimulators (BGS).

Decision rationale: Regarding the request for a bone growth stimulator, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is no documentation that any of these risk factors are present. Furthermore, the recent progress note states that flexion and extension x-rays of the cervical spine were within normal limits. No hardware failure was noted. In the absence of clear rationale for necessity, the currently requested bone growth stimulator is not medically necessary.