

Case Number:	CM15-0141583		
Date Assigned:	07/31/2015	Date of Injury:	09/27/2011
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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:

This 60 year old female sustained an industrial injury to the neck, low back and bilateral wrists and hands on 9-27-11. The injured worker underwent microdiscectomy and fusion at C3-C7 on 2-13-15. In a PR-2 dated 6-2-15, the injured worker reported significant improvement following surgical reconstruction. The injured worker reported having no pain in her cervical spine and no radicular symptoms. The injured worker complained of some restrictions with cervical spine range of motion. The injured worker also complained of chronic low back pain rated 7 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with no pain or radiculopathy, some restrictions with range of motion, no evidence of instability and normal strength and sensation. X-rays of the cervical spine showed excellent position of implants at C3-7 without evidence of hardware failure. Current diagnoses included status post C3-7 anterior cervical discectomy and fusion, lumbar discopathy with segmental instability, bilateral carpal tunnel syndrome, bilateral wrist double crush syndrome, bilateral thumb carpometacarpal arthrosis and trigger thumb. The physician recommended a cervical bone stimulator due to the 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:

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 & Upper Back Procedure Summary, Online Version, Bone Growth Stimulators; Aetna Clinical Policy Bulletins Number 0343.

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-Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: The claimant sustained a work-related injury in September 2011 and underwent a multilevel cervical fusion in February 2015. When seen, all her symptoms had improved after surgery and she was not having neck or radicular pain. X-rays including dynamic views showed excellent hardware position without evidence of failure. There was decreased cervical range of motion. The claimant is a nonsmoker and per past medical history is that of hypertension and gastroesophageal reflux disease. In terms of a bone growth stimulator, case by case recommendations are necessary. A bone stimulator may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, none of these risk factors is present. The claimant is more than four months status post surgery which appears to have been entirely successful, both technically and clinically. The requested bone stimulator is not medically necessary.