

<b>Case Number:</b>	CM15-0148760		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

### 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 55-year-old male, who sustained an industrial injury on February 06, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical pseudoarthrosis at cervical five to six and at cervical six to seven and back pain. Treatment and diagnostic studies to date has included computed tomography of the cervical spine, medication regimen, electromyogram with nerve conduction study, and status post anterior cervical fusion. In a progress note dated June 22, 2015 the treating physician reports complaints of back pain and radiating arm pain. Examination reveals tenderness to the posterior cervical spine at cervical five through seven and impingement with range of motion to the trapezius muscles. The treating physician noted a computed tomography of the cervical spine from February 28, 2015 that revealed lucency of cervical six to seven with lesser degree at cervical five to six, which was noted to not be a solid fusion at these levels. The treating physician requested a bone growth stimulator for the cervical spine, but the documentation provided did not indicate the specific reason for the requested treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth stimulator for the cervical spine:** Overturned

**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 Chapter, Bone Growth Stimulators.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Neck -acute & chronic' Chapter under 'Bone Growth stimulator'.

**Decision rationale:** The 55-year-old patient complains of neck and upper extremity pain along with a new claim of lower back pain and left ankle sprain, as per progress report dated 06/23/15. The request is for BONE GROWTH STIMULATOR FOR THE CERVICAL SPINE. The RFA for this case is dated 07/02/15, and the patient's date of injury is 02/06/12. The patient is status post C5-6 and C6-7 decompression and attempted fusion with psuedoarthritis on 02/11/14, as per progress report dated 06/23/15. CT scan of the cervical spine, dated 02/28/15, revealed some lucency around interbody cage at C6-7 and slightly at C5-6. The patient's work status has been documented as permanent and stationary, as per progress report dated 06/23/15. ODG guidelines, chapter 'Neck 'acute & chronic' and topic 'Bone Growth stimulator', states that they are "Under Study." ODG guidelines, chapter 'Lower back - Thoracic & Lumbar (acute & chronic)' and topic 'Bone Growth Stimulator', states the following: Under study. There is conflicting evidence, so case by case recommendations are necessary. Criteria for use include: Either invasive or noninvasive methods of electrical bone growth stimulation 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 (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, the patient is status post C5-6 and C6-7 decompression and attempted fusion with psuedoarthritis on 02/11/14, as per progress report dated 06/23/15, and continues to suffer from worsening neck pain. A request for axillary revision anterior and posterior cervical fusion has been denied, as per progress report dated 06/22/15. In progress report dated 05/11/15, the treater states that the patient is a surgical candidate and "in the interim, to help with bone growth I respectfully ask for authorization for an electrical bone growth stimulator. I am hopeful this would help to stimulate bone growth and help decrease his pain and symptoms." ODG guidelines also support the use of bone growth stimulators as an adjunct to spinal fusion surgery, especially when there is a failed fusion and more than one levels are involved. Hence, a trial for stimulator appears reasonable at this stage and IS medically necessary.