

Case Number:	CM15-0162643		
Date Assigned:	09/04/2015	Date of Injury:	12/08/2010
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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 44-year-old male who sustained an industrial injury on 12/8/10. The mechanism of injury was not documented. Past medical history was positive for hypertension, Lyme disease, and migraines. Surgical history was positive for bilateral carpal tunnel release, and 6 right shoulder surgeries, including right shoulder hemiarthroplasty in May 2014. The 4/30/15 cervical spine impression documented C6/7 disc desiccation and 1-2 mm broad-based disc bulge, which did not result in canal stenosis, neuroforaminal compression or mass effect upon the cord. There was C5/6 disc desiccation and 3 mm broad-based disc bulge, which effaced the ventral CSF space resulting in canal stenosis, and extending into the neuroforaminal exit zones bilaterally with neuroforaminal narrowing. Conservative treatment included physical therapy, epidural steroid injection, medication, chiropractic care, exercise and acupuncture. The 7/17/15 treating physician report cited grade 6/10 neck with associated numbness and tingling, leg weakness, and muscle spasms. He was able to stand for 10-30 minutes, and walk and sit greater than 30 minutes. MRI showed disc herniation at C5/6 and C6/7 with cord effacement and no evidence osteoarthritis myelomalacia. There was loss of lordosis and bilateral neuroforaminal stenosis at C5/6 and C6/7. Non-surgical interventions had been exhausted. Authorization was requested for C5-C7 anterior cervical discectomy and fusion with one day inpatient stay, surgical assistant, pre-operative lab work, post-op physical therapy x 12, a cervical collar, and a bone growth stimulator. The 8/19/15 utilization review certified the request for C5-C7 anterior cervical discectomy and fusion and one day inpatient stay, surgical assistant, pre-operative lab

work, post-op physical therapy x 12, and a cervical collar. The request for a bone growth stimulator was non-certified as there were no risk factors documented for non-union.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Bone growth stimulator: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound bone growth stimulators; www.odg-twc.com.

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).

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 spinal fusion surgery 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. This injured worker has been certified for a two-level cervical fusion at the C5/6 and C6/7 levels. Bone growth stimulators are supported for multilevel fusion. Therefore, this request is medically necessary.