

Case Number:	CM15-0184259		
Date Assigned:	09/24/2015	Date of Injury:	10/10/2014
Decision Date:	11/06/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic neck reportedly associated with an industrial injury of October 10, 2014. In a Utilization Review report dated August 29, 2015, the claims administrator failed to approve a request for a bone stimulator rental or purchase status post planned cervical spine surgery. An August 20, 2015 RFA was referenced in the determination. The claims administrator acknowledged that the applicant was scheduled to undergo a C4-C5 fusion and possible C6-C7 fusion. The claims administrator also stated that the applicant was planning to undergo hardware removal, implying that the applicant had undergone prior spine surgery. On August 17, 2015, the attending provider stated that the applicant had undergone earlier C5-C6 fusion surgery and stated that he recommended C4-C5 corpectomy with anterior fusion and also stated that the applicant would possibly need to undergo a C6-C7 fusion. The attending provider stated that he would remove the indwelling hardware at C5-C6. On July 20, 2015, it was stated that the applicant's past medical history included hypertension, reflux, depression, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of bone stimulator post-op Cervical spine surgery: 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), Low back - Bone growth stimulation.

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 Problems, Bone growth stimulators (BGS).

Decision rationale: Yes, the proposed bone growth stimulator rental for postoperative use purposes following planned cervical spine surgery was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Low Back Chapter Bone Growth Stimulator topic notes that some of the criteria for usage of bone growth stimulator postoperatively include evidence that an applicant has undergone one or more prior failed spine fusion procedures, evidence that an applicant has spondylolisthesis, evidence that a fusion procedure is to be performed at more than one level, and/or presence of comorbidities such as osteoporosis, smoking, diabetes, renal disease, and/or alcoholism. Here, the applicant's surgeon seemingly suggested on August 10, 2015 that the applicant had undergone a prior failed surgery at C5-C6 and that he intended to remove the indwelling hardware at that level. The attending provider also signaled his intention to perform a C4-C5 fusion and possible C6-C7 fusion. Thus, the applicant did meet several criteria established by ODG for usage of a bone growth stimulator postoperatively, namely, the applicant was considered a candidate for a possible two-level fusion procedure at C4-C5 and C6-C7 and the applicant had also undergone a prior failed fusion surgery at C5-C6. Usage of the bone growth stimulator was, thus, indicated for postoperative use purposes. Therefore, the request was medically necessary.