

Case Number:	CM15-0185785		
Date Assigned:	09/28/2015	Date of Injury:	01/31/2013
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: California, Oregon, Washington
 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:

The injured worker is a 54 year old female with an industrial injury dated 01-31-2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome status post carpal tunnel release in 2014, right shoulder calcific tendonitis status post barbotage on 05-13-2015, C4-7 spondylosis with C5-6, C6-7 disc bulges and stenosis, and C5-6 focal kyphosis. According to the progress note dated 08-20-2015, the injured worker chief complaints include bilateral carpal tunnel syndrome status post carpal tunnel release, right shoulder calcific tendonitis status post barbotage, cervical interlaminar epidural steroid injection (ESI) with 30% improvement upper back pain, C5-6 focal kyphosis with stenosis at C6-7 bulge with bilateral neuroforaminal stenosis and bilateral C5-6, C6-7 facet injections with 50% improvement in neck and arm pain. Objective findings (8-20-2015) revealed full cervical spine neuro- motor exam and decreased sensation in bilateral hands. The treating physician reported that the cervical spine x-rays dated 06-29-2015 revealed C4-7 spondylosis with anterior osteophytes, C5-6 kyphosis, and C4-5 anterolisthesis. The treating physician also reported that the Cervical Magnetic Resonance Imaging (MRI) on 08-09-2014 revealed spondylosis with C5-6 and C6-7 disc bulges, C5-6 moderate stenosis and C6-7 severe stenosis. Electromyography (EMG) and Nerve conduction velocity (NCV) on 06-04-2014 revealed bilateral carpal tunnel syndrome and right C7 radiculopathy. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included surgical treatment. The treating physician prescribed associated surgical service: bone growth stimulator and fitting for the 2 level fusion, now under review The utilization review dated 09-

10-2015, non-certified the request for associated surgical service: bone growth stimulator and fitting for the 2 level fusion.

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 and fitting for the 2 level fusion:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 and Other Medical Treatment Guidelines Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 17: bone growth stimulators as an adjunct for lumbar fusion. Kaiser MG, Eck JC, Groff MW, Ghogawala Z, Watters WC 3rd, Dailey AT, Resnick DK, Choudhri TF, Sharan A, Wang JC, Dhall SS, Mummaneni PV, J Neurosurg Spine. 2014 Jul; 21 (1): 133-9, Randomized, prospective, and controlled clinical trial of pulsed electromagnetic field stimulation for cervical fusion, Foley KT, Mroz TE, Arnold PM, Chandler HC Jr, Dixon RA, Girasole GJ, Renkens KL Jr, Riew KD, Sasso RC, Smith RC, Tung H, Wecht DA, Whiting DM, Spine J. 2008 May-Jun; 8 (3): 436-42. Epub 2007 Jul 17, Reversal of delayed union of anterior cervical fusion treated with pulsed electromagnetic field stimulation: case report, Mackenzie D, Veninga FD, South Med J. 2004 May; 97 (5): 519-24.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG Neck and Upper Back, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at two levels and there is no high risk factors demonstrated in the records submitted. Bone growth stimulators have not been shown to be efficacious at reducing the rates of nonunion with 2 level ACDF. Therefore the request is not medically necessary.