MAXIMUS Federal Services

Case Number:	CM15-0193375		
Date Assigned:	10/07/2015	Date of Injury:	02/29/2012
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho
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 52-year-old female who sustained an industrial injury February 29, 2012. Past treatment included medication, chiropractic therapy, physical therapy and epidural steroid injections. Past history included right shoulder surgery June 20, 2013, and C5 to C7 anterior cervical discectomy and fusion with rigid instrumentation December, 2014 with a course of post-operative physical therapy, carpal tunnel syndrome, and hypertension. According to a primary treating physician's report dated July 21, 2015, the injured worker presented with complaints of intermittent right shoulder pain rated 1 out of 10, described as dull and improving, constant worsening right elbow pain, rated 7 out of 10, intermittent cervical pain with residual stiffness, improved since surgery, rated 3 out of 10, and migraine tension headaches with difficulty sleeping. Physical examination revealed; 5'4" and 190 pounds; gait normal; cervical spine (range of motion guarded and limited; right shoulder) Hawkin's and impingement signs are positive, rotator cuff function appears intact but painful; right elbow: Tinel's positive over the cubital tunnel, range of motion full but painful, diminished sensation in the ulnar digits; right wrist (hand) tenderness over the volar aspect of the wrist positive palmar compression test with subsequent Phalen's maneuver, Tinel's positive over the carpal canal, range of motion full but painful, diminished sensation in the radial digits. Diagnoses are status post C5-C7 anterior cervical discectomy and fusion; right lateral (medial epicondylitis) cubital tunnel syndrome; right carpal tunnel syndrome; rule out internal derangement of left shoulder. Recommendations were made by the physician for MRI's of the right shoulder, right elbow, right wrist and hand, electrodiagnostic studies, and will require right medial and lateral epicondylar injections.

Treatment plan included medication and wear braces for elbows- hand-wrist (unclear). The physician documented; "there appears to be some lagging bone fusion at C5-6". At issue, is a request for authorization dated September 15, 2015, for the purchase of a cervical bone stimulator. According to utilization review dated September 22, 2015, the request for a cervical spine bone stimulator purchase is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cervical spine bone stimulator: Upheld

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 & Upper Back Chapter, Bone-growth stimulators (BGS).

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.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the topic of bone growth stimulators. ODG-TWC neck section is also silent, therefore other guidelines were consulted. In the ODG-TWC low back section it states that there is conflicting evidence regarding bone growth stimulators, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudoarthrosis, instability, smoker). (Mooney, 1990) (Marks, 2000) (Akai, 2002) (Simmons, 2004) There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. (Resnick, 2005) In this case, the worker is a 52-year-old female who underwent a C5-C7 ACDF in December of 2014. There is no indication from the documentation that this was revision surgery or that the injured worker was at "high risk" for healing complications. There are no official radiology reports included in the documentation, which report evidence of healing complications or broken hardware. Therefore, the guidelines do not support the request and therefore the request is not medically necessary.