

Case Number:	CM15-0199779		
Date Assigned:	10/15/2015	Date of Injury:	10/13/2008
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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 64-year-old male who sustained an industrial injury on 10/13/08. The mechanism of injury was not documented. Past medical history was negative. Conservative treatment included physical therapy, chiropractic, anti-inflammatories, narcotics, and an exercise program. The 8/13/15 cervical spine MRI demonstrated severe spinal stenosis at C3/4 and C4/5 with significant facet arthropathy and cord deformation at both levels. The 9/18/15 secondary treating physician report cited continued significant neck pain radiating into both upper arms and shoulders. He had numbness and tingling in his hands and forearms with some loss of fine motor skills and coordination. Physical exam documented mild impairment in tandem gait, restricted cervical range of motion, and positive Spurling's to the right. There were sensory dysesthesias primarily in the C5 distribution. There was left biceps and triceps weakness. X-rays showed significant disc space narrowing, osteophytic spurring, and spondylosis at C3/4 and C4/5 with no frank instability. There was imaging evidence of severe spinal stenosis at C3/4 and C4/5, significant facet arthropathy and cord deformation at both levels. The diagnosis included cervical spondylitic radiculopathy secondary to high grade stenosis at C3/4 and C4/5. Authorization was requested for anterior cervical discectomy and fusion at C3/4 and C4/5 with PEEK cage, autograft/allograft, pre-operative labs and EKG, cervical brace, and bone growth stimulator. The 9/29/15 utilization review non-certified the request for bone growth stimulator as the injured worker had no noted risk factors for pseudoarthrosis.

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 (ODG), 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) 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 lumbar fusion 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. This injured worker meets the criteria to support the use of a post-operative bone growth stimulator based on multilevel fusion. Therefore, this request is medically necessary.