

Case Number:	CM15-0215887		
Date Assigned:	11/05/2015	Date of Injury:	10/08/2010
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 54 year old female, who sustained an industrial-work injury on 10-8-10. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical spondylotic radiculopathy at C4-7, cervical stenosis, and cervical spondylosis. Treatment to date has included medication, lumbosacral orthosis brace, physical therapy, chiropractic manipulation, and acupuncture with limited improvements, Toradol injection, and home exercise program. MRI results were reported on 5-28-14 of the cervical spine noted severe right sided foraminal stenosis at C4-5, severe spondylotic changes at C5-6 and C6-7 with uncovertebral osteophytic encroachment into the neural foramina bilaterally. MRI (magnetic resonance imaging) on 8-28-15 revealed multilevel degenerative changes, moderate central spinal stenosis and bilateral neural foraminal narrowing at C5-6, mild central spinal stenosis with mild to moderate neural foraminal narrowing at C3-4 and mild central spinal stenosis and bilateral neural foraminal narrowing at C6-7. Currently, the injured worker complains of continued cervical pain that radiated into the right upper extremity with numbness and weakness with schedule for pending surgical procedure of anterior cervical discectomy and fusion from C4-7 on 10-14-15. Per the primary physician's progress report (PR-2) on 10-7-15, exam noted normal vital signs and discussion of the cervical procedure for treatment of cervical spondylotic radiculopathy at C4-7. Current plan of care includes surgery and bone growth stimulator post surgical procedure. The Request for Authorization requested service to include External bone growth stimulator for the cervical spine. The Utilization Review on 10-13-15 denied the request for External bone growth stimulator for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

External bone growth stimulator for the cervical spine: 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 and Upper Back Chapter, Low Back Chapter, Bone growth stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Bone growth stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, external bone growth stimulator for the cervical spine is not medically necessary. Bone growth stimulators (BGS) are under study. There is conflicting evidence, so case-by-case recommendations are necessary. Some limited evidence exists for improving diffusion rate of spinal fusion surgery in high risk cases (e.g. revision pseudo-arthrosis, instability, smoker). There is no consistent medical evidence to support or refute the use of these devices for improving patient outcomes. Criteria for use of invasive or noninvasive electrical 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 our previous failed spinal fusions: grade 3 or worse spondylolisthesis; fusion to be performed at more than one level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis demonstrated on radiographs. In this case, the injured worker's working diagnosis is cervical spondylotic radiculopathy C4 - C7. Date of injury is October 8, 2010. Request for authorization is October 9, 2015 (although no hard copy was in the medical record). According to an October 7, 2015 progress note, the injured worker presents preoperatively for an ACDF from C4 - C7 on October 21, 2015. The treating provider is requesting an external bone growth stimulator. The external bone growth stimulator is clinically indicated, however, the duration of use is not specified in the request. According to the utilization review, the injured worker was diagnosed with cervical spondylotic radiculopathy C-4 - C7, cervical stenosis and cervical spondylosis with the date of injury 2010. A bone stimulator may be utilized to help healing following a multilevel fusion. Utilization review states the requested DME would be reasonable for a one-month clinical trial to assess the bone growth stimulators efficacy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical duration of use despite guideline recommendations, external bone growth stimulator for the cervical spine is not medically necessary.