

<b>Case Number:</b>	CM15-0030860		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 11/14/2013. He has reported neck pain and right upper extremity radiculopathy. The diagnoses have included cervical disc disease, cervical spondylosis, central and foraminal stenosis, and left upper extremity radiculopathy. Treatment to date has included medications, acupuncture, chiropractic treatment, and physical therapy. An evaluation with a treating provider, dated 11/17/2014, documented the injured worker to report worsened neck and right upper extremity pain; numbness and weakness in the right arm and hand; and that he would like to proceed with surgery. The treating physician noted cervical examination to include numbness in the right thumb and weakness of the right biceps. The treatment plan included anterior cervical discectomy and fusion C5-C7. The request for surgery was non certified. The patient sustained the injury when he was pushing a pallet. He has had MRI of the cervical spine on 12/17/2013 that revealed disc protrusion and foraminal narrowing and EMG revealed C6 radiculopathy. Per the doctor's note dated 12/8/14 patient had complaints of pain in the neck and right UE. Physical examination revealed decreased sensation in the right C6 distribution with muscle weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of A Bone Growth Stimulator for The Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 (updated 03/24/15) Bone growth stimulators (BGS).

**Decision rationale:** Purchase of A Bone Growth Stimulator for The Cervical Spine. ACOEM/MTUS does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below, use of bone growth stimulators is under study. There is conflicting evidence, 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). In addition per the cited guidelines Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003) Any indication listed above that would require a bone growth stimulator is not specified in the records provided. Any evidence of history of Grade III or worse spondylolisthesis is not specified in the records provided. Any evidence of a current smoking habit is not specified in the records provided. Medical history of Diabetes, Renal disease, Alcoholism or severe osteoporosis is not specified in the records provided. The treatment plan included anterior cervical discectomy and fusion C5-C7. The request for surgery was non certified. Any operative note was not specified in the records provided. The medical necessity of the request for Purchase of a Bone Growth Stimulator for the Cervical Spine is not fully established in this patient.