

Case Number:	CM15-0038213		
Date Assigned:	04/07/2015	Date of Injury:	03/10/2014
Decision Date:	05/05/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 44-year-old who sustained an industrial injury on 3/10/14. Injury occurred while he was restraining and removing 2 combative wards at a mental institution. The 5/12/14 cervical spine MRI revealed a congenitally fused C2/3, moderate degenerative disc disease at C5/6 and C6/7, and a very small disc protrusion at C4/5. The 1/2/15 progress report cited continued burning neck pain radiating to the lower neck and down the right arm and hand. Conservative treatment had included physical therapy, medications, and epidural steroid injection without significant pain relief. Authorization was requested for 2-level anterior cervical discectomy and fusion. The 2/4/15 utilization review documented a peer-to-peer discussion outlining signs/symptoms, clinical exam findings, imaging evidence and conservative treatment consistent with guideline criteria to support the medical necessity of anterior cervical discectomy and fusion at C4/5 and C5/6 and a vista cervical collar. The request for C5/6 and C6/7 anterior cervical discectomy and fusion and cervical collar were certified. The request for a bone growth stimulator was non-certified as the patient was a non-smoker and there was no rationale for a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinalogic Bone Growth Stimulator: Overturned

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) 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 spinal 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. Guideline criteria have been met. This patient is undergoing a 2-level cervical fusion, which is a guideline-supported indication for bone growth stimulation. Therefore, this request is medically necessary.