

Case Number:	CM15-0045391		
Date Assigned:	03/17/2015	Date of Injury:	10/09/2004
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on 10/9/04. The documentation on the PR2 dated 2/3/14 noted that the injured worker had no complaints of pain at that time. The documentation noted that he feels less shaky and less numbness in the arms and overall was improving nicely post recent surgery. The diagnoses have included C5-7 degenerative disc disease/stenosis. Treatment to date has included cervical spine X-rays on 11/11/14 showed good placement of the instrumentation from C5-7 with normal disc space height and lordosis; C5, C6 and C7 anterior cervical discectomy, anterior cervical fusion performed on 11/4/14 and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Spinalogic bone growth stimulator, cervical spine, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back, and Low Back.

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

Decision rationale: Guidelines state that SpinaLogic bone growth stimulator may be an adjunct to spinal fusion surgery for failed union. In this case, there is no clinical documentation of imaging or exam findings that necessitate this treatment. The request for SpinaLogic bone growth stimulator, cervical spine, is not medically necessary and appropriate.