

Case Number:	CM15-0056897		
Date Assigned:	04/01/2015	Date of Injury:	09/27/2011
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 9/27/2011. She reported pain in neck, wrists, hands and low back due to duties of employment. Diagnoses have included cervicgia, lumbago and lumbosacral neuritis. Treatment to date has included cervical and lumbar magnetic resonance imaging (MRI), cervical fusion on 2/13/2015 and medication. According to the progress report dated 2/24/2015, the injured worker complained of intermittent pain in the cervical spine that was aggravated by repetitive motions of the neck. There was radiation of pain into the upper extremities. The injured worker also complained of associated headaches as well as tension between the shoulder blades. She complained of constant pain in the low back with radiation into the lower extremities. Exam of the cervical spine revealed a well-healing incision with some cellulitis and erythema around the surgical site. Exam of the lumbar spine revealed palpable paravertebral tenderness with spasm. Authorization was requested for a bone stimulator purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator (purchase): 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) Low Back (updated 03/03/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, bone growth stimulator (and subsequent referral to low back chapter).

Decision rationale: The patient had an anterior cervical discectomy and multilevel fusion at C4-C5, C5-C6, and C6-C7. The MTUS guidelines for post-operative management do not specifically address bone growth stimulators. The Official Disability Guidelines describes bone growth stimulators as under study and amidst conflicting evidence, recommends consideration of use of a bone stimulator for a multilevel fusion. Given this patient's history of multilevel fusion and the recommendation for consideration per the Official Disability Guidelines, the Utilization Review's decision to modify the request to a rental was reasonable in order to assess for efficacy of treatment without requiring purchase. Therefore, the request for purchase of a bone stimulator is not considered medically necessary.