

Case Number:	CM15-0060441		
Date Assigned:	04/06/2015	Date of Injury:	03/20/2012
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old female, who sustained an industrial injury on March 20, 2012. The injured worker was diagnosed as having cervicgia, cervical myelopathy and cervical radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated February 26, 2015 provides the injured worker complains of continued neck pain with right arm numbness. Physical exam was deferred. The plan includes surgical intervention and consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Bone growth stimulator: 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 Chapter.

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

Decision rationale: According to ODG guidelines, bone growth stimulators are indicated for patients undergoing spinal fusion with high-risk for slow fusion. However there are no strong clinical studies supporting bone growth stimulators. There is no documentation that the patient is undergoing lumbar fusion involving multiple levels and putting her at high risk of incomplete fusion. Therefore the request for bone growth stimulator is not medically necessary.