

<b>Case Number:</b>	CM15-0083869		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 52 year old female, who sustained an industrial injury, February 29, 2012. The injured worker previously received the following treatments physical therapy and cervical spine fusion of C5-C7 ACDFR. The injured worker was diagnosed with cervicalgia status-post surgery and carpal tunnel syndrome. According to progress note of April 7, 2015, the injured workers chief complaint was cervical spine pain. The pain was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. The pain was characterized as dull. The pain radiated into the upper extremities. On a pain scale of 1 to 10 the pain was rated at a 4. The physical examination Of the cervical spine noted a well healed incision. There was limited range of motion. Neurovascular status was grossly intact in the upper extremities. There was no neurological deficit in the upper extremities. The treating physician noted the medically necessary in adjunct to spinal fusion surgery for patients with risks factors for failed fusion. According to the post-surgery x-ray showed flexion and extension dynamic radiographs of the cervical spine reveal no implant failure, good position and alignment noted of ACDF C5-C7. The treatment plan included cervical bone stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of cervical spine bone 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 (ODG), Neck & Upper Back, Bone growth stimulators.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Bone-growth stimulators (BGS), page 572: Under study.

**Decision rationale:** Guidelines note 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 with failed procedure; (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. There are no recent X-rays/ imaging study or clinical findings of instability or non-union to support for the bone growth stimulator. Submitted reports by the provider have not noted any peri- or post- op complications, comorbid risk factors or progressive neurological deficits to support the DME. The Purchase of cervical spine bone stimulator is not medically necessary and appropriate.