

<b>Case Number:</b>	CM14-0126324		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 46-year-old gentleman who injured his cervical spine on 08/18/11. The clinical records provided for review included the report of a consultation dated 07/17/14 that notes continued neck pain with restricted cervical range of motion and documented "positive radiculopathy." The recommendation was made for an anterior cervical discectomy and fusion at the C6-7 level. There is no documentation that the claimant has a history of a prior fusion, the claimant's current tobacco habit, or if the claimant has a past medical history significant for renal disease, diabetes or alcoholism. This is a review for the request to purchase a bone growth stimulator following the claimant's isolated one level procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth stimulator (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS) Under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for

improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). (Mooney, 1990) (Marks, 2000) (Akai, 2002) (Simmons, 2004) There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. (Resnick, 2005) Also see Fusion for limited number of indications for spinal fusion surgery. See Knee & Leg Chapter for more information on use of Bone-growth stimulators for long bone fractures, where they are recommended for certain conditions. Criteria for use for invasive or non-invasive electrical bone growth stimulators: 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 (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor) (5) Diabetes, Renal disease, Alcoholism (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003).

**Decision rationale:** Based on Official Disability Guidelines as California MTUS and ACOEM Guidelines do not address this topic, the request for a bone growth stimulator would not be supported. According to the Official Disability Guidelines, bone growth stimulators are not recommended for isolated, one level procedures without documentation of significant risk factor including previous fusion, current smoking habit, or diabetes, alcoholism or renal disease. The medical records do not document that the claimant had a prior fusion at the surgical level, whether he smoke, or has any significant risk factors for a failed fusion. Without documentation of the above, the postsurgical request of purchase of a stimulator is not medically necessary.