

Case Number:	CM14-0139879		
Date Assigned:	09/08/2014	Date of Injury:	07/26/2011
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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:

This 51-year-old male sustained an industrial injury on 7/26/11. The mechanism of injury was not documented. The diagnosis was chronic neck pain with multilevel significant degenerative disc disease and stenosis, and lower back pain with disc protrusion and impingement on the left S1 nerve root. Surgery was recommended and approved for a multilevel cervical fusion and left L5/S1 decompression. The patient underwent anterior cervical discectomy and fusion from C4-C7 on 6/6/14. The 7/31/14 utilization review recommended partial certification of an electrical bone growth stimulator without specifying the brand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase spinal EBI electrical 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-TWC Neck and Upper Back Procedure Summary.

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

Decision rationale: The California MTUS guidelines do not address bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to spinal fusion surgery for patients undergoing fusion at more than one level. The 7/31/14 utilization review modified the request for purchase of a Spinal EBI electrical bone stimulator and approved an electrical bone growth stimulator without specifying the brand. There is no compelling reason to allow one particular brand of bone growth stimulator over another. Therefore, this request is not medically necessary.