

Case Number:	CM14-0142902		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2009
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 07/08/2009. The date of the utilization review under appeal is 08/26/2014. The patient's diagnosis is status post a prior anterior cervical discectomy and fusion at C4-C7; plain films of 12/02/2013 demonstrated a solid fusion at this level. On 08/07/2014, the treating physician discussed a complex history of ongoing neck pain as well as bilateral lower extremity pain. The patient was noted to have stenosis at C3-C4, with a plan to proceed to an anterior cervical fusion at C3-C4. On 08/20/2014, the treating physician submitted a request for bone growth stimulator noting this would be for use status post surgery planned for 09/10/2014. An initial physician review concluded that the patient appeared to be at low risk to require bone growth stimulator because the patient's fusion was at one level, there was no instability, and no clear history of a previous fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

bone growth stimulator, for purchase, with in-office fitting: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 08/27/14); Bone growth stimulators (BGS); Criteria for use for invasive or in-invasive electrical bone growth stimulators

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

Decision rationale: The California Medical Treatment Utilization Schedule does not discuss indications for bone growth stimulators. Official Disability Guidelines/Treatment in Workers Compensation/Neck defers to the bone growth stimulator section regarding the low back. This guideline discusses multiple indications for a bone growth stimulator including one or more previous failed spinal fusions or a fusion to be performed at more than one level. The guideline additionally discusses that the criteria for a bone growth stimulator remain under study and discusses that essentially the risk factors for bone growth stimulator involve clinician judgment. In this case the patient is noted to have an extremely extensive history of cervical spine disease including a fusion at C4-C7. Although the patient is not currently undergoing a multilevel fusion, the proposed surgery is for a single level fusion adjacent to 3 prior fused levels. There is no clear statement in the guidelines regarding whether this situation does or does not represent a high-risk situation requiring a bone growth stimulator. The guidelines do give discretion to the treating physician in determining high-risk factors. Given the complexity of this situation, it would be appropriate to consider this to be a high-risk situation requiring a bone growth stimulator. This treatment is medically necessary.