

<b>Case Number:</b>	CM14-0149831		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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:

This 36 year-old patient sustained an injury on 3/4/11 while employed by [REDACTED]. Request(s) under consideration include Orthofix Bone Growth Stimulator Purchase for cervical spine. Diagnoses include cervical spine disc protrusion with radiculitis s/p nuclear discectomy of C4-6, two level cervical C4-6 arthrodesis with autologous allograft bone and open reduction internal fixation and placement of screws; partial corpectomy of C4, C5 on 10/24/13. Operative report noted the surgery was without complications with neurological exam intact and the patient in stable condition. Report of 3/11/14 from the provider noted the patient with exam findings of "well-healed cervical spine incision; negative Spurling's and compression testing bilaterally; sensation in the upper extremities were intact in all dermatomes bilaterally with upper extremity motor strength of 5/5 in all muscles groups." Diagnoses noted s/p two-level cervical decompression and fusion on 10/24/13 progressing well. Report of 7/17/14 from the provider noted the patient with chronic ongoing neck, upper/ mid-back and bilateral shoulder pain. Exam showed cervical spine with paraspinal muscle spasm and tenderness on palpation with restricted range of motion. Treatment plan included right wrist arthroscopy. The request(s) for Orthofix Bone Growth Stimulator Purchase for cervical spine was non-certified on 9/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthofix Bone Growth Stimulator Purchase for Cervical Spine:** 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), Low back, Bone Growth Stimulator.

**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 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; (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 request for Orthofix Bone Growth Stimulator Purchase for cervical spine is not medically necessary and appropriate.