

Case Number:	CM14-0160659		
Date Assigned:	10/06/2014	Date of Injury:	10/03/2013
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	09/30/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 65-year-old male with a date of injury of 10/03/2013. The listed diagnoses per [REDACTED] are: 1.Cervical stenosis with radiculopathy and myelopathy, 2.Lumbar stenosis with neurogenic claudications. According to progress report 09/12/2014, the patient presents with neck pain and numbness and weakness of his upper extremities. The patient has had physical therapy, traction, and pain medications with minimal relief. Upper extremity strength revealed left bicep and triceps 4-/5. Lower extremity strength revealed the left dorsiflexion is 4-/5. There is moderate discomfort on palpation of the cervical and lumbar spine. Cervical spine MRI was significant for moderate stenosis at C3-C4, C4-C5, and C5-C6 with foraminal central stenosis. The treater recommended a decompression and fusion of the cervical spine at C3 through C6. This is a request for an external bone growth stimulator. The medical file provided for review does not discuss this request. Utilization review denied the request on 09/30/2014. Treatment reports from 05/15/2014 through 09/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTERNAL BONE GROWTH STIMULATOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Bone growth stimulators (BGS)

Decision rationale: This patient presents with chronic neck and low back pain. The request is for an external bone growth stimulator. Utilization review from 09/30/2014 indicates that the patient has been certified for an anterior cervical discectomy and fusion of C3 to C6. ODG guidelines states Bone Growth Stimulators are under study. ODG further states, "There is conflicting evidence, so case by case recommendations are necessary." For criteria the following are recommended per ODG: 1. One or more previous failed spinal fusion; 2. Grade III or worse spondylolisthesis, 3. Fusion to be performed at more than one level, 4. current smoking habit, 5. Renal disease, diabetes, alcoholism or 6. Significant osteoporosis." This patient has been authorized for a multilevel spinal fusion. The bone stimulator is recommended by ODG when fusion is performed at more than one level. The request therefore is medically necessary.