

Case Number:	CM14-0093693		
Date Assigned:	09/12/2014	Date of Injury:	07/29/2013
Decision Date:	10/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas. 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 injured worker is a 58 year old female who sustained an injury to her neck on 07/29/13. Mechanism of injury is reported as a fall. The injured worker states while she was pushing merchandise and standing on a ladder, a box fell and she fell too, landing on her right side which resulted in rib fractures. MRI of the cervical spine dated 01/16/14 revealed at C6-7, disc osteophyte complex eccentric to the left with 4-5mm posterolateral extension and moderate high grade left neural foraminal narrowing with C7 rootlet at high risk for compromise. It was reported that treatment to date has included conservative treatment, medication, activity modification, work restrictions, physical therapy, epidural steroid injections, and home exercise program. Clinical note dated 08/25/14 reported that the injured worker was to remain off work for the next 45 days. The injured worker failed pre-operative clinical evaluation with high blood sugar. She was placed on Metformin 50mg BID. Physical examination noted tenderness in the cervical spine; decreased range of motion; spasms; neurological deficits with sensation at C5-6 and C6-7. Prior utilization review denied a request for Cervical Spine Bone Stimulator on 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine 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 Electrical Bone Growth Stimulation

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 chapter - Bone growth stimulators (BGS)

Decision rationale: Previous request was denied on the basis that there was no evidence of fusion at more than one level and no evidence of tobacco or alcohol use. Therefore, the request was not deemed as medically appropriate. The injured worker was certified for anterior cervical discectomy and interbody arthrodesis at C6-7; however, there was no additional information provided that would indicate the injured worker has undergone this surgical procedure. The Official Disability Guidelines state that treatment with this modality is under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence supporting or refuting the use of these devices for improving patient outcomes; there may be beneficial effect on fusion rates in patient in injured workers at "high risk", but this has not been convincingly demonstrated. Given this, the request for cervical spine bone stimulator is not indicated as medically necessary.