

Case Number:	CM14-0099829		
Date Assigned:	08/01/2014	Date of Injury:	09/14/2011
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

The injured worker is a 31-year-old female who sustained an industrial injury on 9/14/2011. She is status post anterior cervical discectomy and fusion with instrumentation on 3/5/2013. She is followed for complaints of continued neck pain. A prior peer review on 6/03/2014 recommended modification of the requested external bone growth stimulator, to allow the device for 3 months use. CT scan of the cervical spine performed on 4/22/2014 which provided the impression: 1. There has been anterior fusion of C5 and C6. Metallic scatter artifact from the disc graft obscures evaluation of the C5-6 disc space and while evaluation for contiguous bridging bone is suboptimal, there does not appear to be solid bony fusion. Consider additional evaluation with plain film. 2. The remaining cervical levels are otherwise grossly stable, but please note MRI is superior for evaluation of disc bulges, spinal canal stenosis and foraminal narrowing. 3. There is mild left sphenoid sinus mucosal thickening. 4. There is no acute osseous abnormality. According to the primary treating physician progress report dated 6/17/2014, the patient presents for follow-up evaluation for ongoing complaints of posterior cervical pain with radiation to the bilateral trapezius area, suboccipital area and interscapular areas. She denies radicular arm pain or numbness. Current medications are Tramadol, Prilosec and occasional Motrin. On physical examination, the cervical spine reveals a well healing anterior surgical scar without any signs of infection, numbness over the anterior chin, sensation is grossly intact, decreased strength right greater than left grip, and tenderness over the snuff and APL/EPB tendons, and negative finkelstein's. Diagnostic impressions are 1. Post-operative anterior cervical discectomy at C5-6 with instrumentation and fusion performed 3/05/2013; 2. Failed fusion; 3. Cervical disc disease; 4. Cervical radiculitis; 5. Cervical IVD herniation; and 6. Dequervain's tenosynovitis. The physician has reviewed cervical x-rays and CT scan. He believes the bony bridging through the cage is sufficient to provide stability. He opines that the

patient's current symptoms are not related to failure of interbody fusion, but more likely to posterior element disease which commonly accompanies cervical disc disease, i.e. cervical facet joints. He recommends use of TENS, agrees with recommendation for use of external bone growth stimulation with followup x-rays in 9/2014. He does not recommend removal of anterior plate as he has not identified any symptoms related to the plate. He does not believe posterior fusion is warranted, as it is unlikely to significantly improve her residual symptoms. Request is for cervical facet block at C5-6 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

External Bone Growth Stimulator (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back Chapter and http://www.odg-twc.com/odgtwcKnee_files/bcbs_bone_stim.htm

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

Decision rationale: According to the guidelines, bone growth stimulator is currently under study. There is conflicting evidence regarding the efficacy of these devices. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes. There is some limited evidence to support improving fusion rates of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). According to the Official Disability Guidelines (ODG), the criteria for use of bone growth stimulator are (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. The patient is status post C5-6 ACDF with instrumentation in 3/2013. The imaging studies do not demonstrate any indication of failed fusion. The medical records do not establish that any of the criteria that would support use of a BGS applicable to this patient's case. The medical necessity of bone growth stimulator has not been established. Therefore, the request for External Bone Growth Stimulator (quantity unspecified) is not medically necessary and appropriate.