

Case Number:	CM14-0210417		
Date Assigned:	12/23/2014	Date of Injury:	07/15/2010
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 65-year-old female who reported injury on 07/15/2010. The mechanism of injury was not provided. Prior therapies included medications, physical therapy, restrictions, and a revision of a C5-6 and C-7 ACDF on 12/02/2010. The injured worker underwent postoperative physical therapy. The injured worker underwent an MRI of the cervical spine on 6/11/2014 which revealed anatomic alignment following the C5-7 ACDF. There was no hardware complication. At C3-4, there was degenerative disc disease and early spondylosis increased slightly since the prior study without spinal stenosis or nerve impingement. The injured worker underwent an exploration of the fusion, removal of the anterior spinal hardware, partial corpectomy at C4, C5, and C6, a removal of interbody cages at C5-6 and insertion of interbody cage at C4-5, and C5-6, and anterior cervical fusion at C4-5, and anterior cervical fusion at C5-6, a Genex graft and anterior cervical plating. On 09/04/2014, the diagnoses were noted to include nonunion at C5-6. Documentation of 11/03/2014 revealed the injured worker had some neck pain and numbness in the upper extremities, however it was noted to have not started a bone growth stimulator as it was not authorized. The injured worker had not started physical therapy. The documentation indicated the injured worker underwent multiple x-rays as well as a CT with reconstruction and MRI which revealed solid fusion. The diagnoses included herniated nucleus pulposus C5-6 and C6-7 as well as a status post ACDF C5-7, 12/02/2010 and status post C4-6 revision 09/04/2014. The treatment plan included a bone growth stimulator due to the fact the injured worker had a history of nonunion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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 (ODG)

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

Decision rationale: The Official Disability Guidelines indicated bone growth stimulator is appropriate when there is a documentation of one or more failed spinal fusions or the fusion is to be performed at more than 1 level. The clinical documentation submitted for review indicated the injured worker had a fusion at more than 1 level. However, the request as submitted failed to indicate the level to be treated with the bone growth stimulator. However, as the injured worker was noted to have a prior nonunion, this request would be supported. Given the above, the request for Associated surgical service: bone growth stimulator is medically necessary.