

<b>Case Number:</b>	CM14-0212748		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male with an injury date on 8/29/13. The patient complains of cervical pain rated 5/10, left shoulder pain especially in the front, swelling in left elbow, numbness/weakness in left hand/fingers, lower back pain rated 6/10, left hip pain rated 4-5/10, and left knee pain rated 5-6/10 per 10/6/14 report. The patient feels a left hip pain but is not sure if it's coming from the lower back to the left hip, or vice versa per 10/24/14 report. There is no numbness/tingling in the lower extremities per 10/24/14 report. Based on the 10/6/14 progress report provided by the treating physician, the diagnoses are: 1. s/p cervical spine fusion by [REDACTED] at C6-7 with incomplete healing and delayed union requiring bone stimulator 2.

Hoarseness of the vocal cord which has started after the surgery, if does not resolve in next couple of months, the patient requires ENT evaluation 3. Left shoulder s/p surgery by [REDACTED] in Valencia. Records are not available 4. Bilateral hand numbness/tingling left side worse consistent with carpal tunnel syndrome 5. Left elbow issues resolved 6. Lumbar spine spasm and sprain without significant radiculopathy 7. Left sided hip pain radiating from the lumbar spine 8. Left knee history of previous football injury with posttraumatic arthritis 9. No evidence of left ankle injuries 10. Non orthopedic issues outside my area of specialty. A physical exam on 10/6/14 showed " C-spine range of motion is 50% of normal, left shoulder range of motion is limited, L- spine range of motion is limited, and left knee range of motion is limited." The patient's treatment history includes medications, X-ray cervical, X-ray lumbar, X-ray left knee, cervical spine surgery at C6-7, urine drug screen. The treating physician is requesting bone stimulator cervical spine. The utilization review determination being challenged is dated 11/19/14 and denies request as the patient does not present with risk factors mentioned by ODG for bone growth stimulator (multiple level fusion, or Grade 3 or worse spondylolisthesis). The requesting physician provided treatment reports from 6/24/14 to 10/24/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Stimulator cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Neck and Upper 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) low back chapter, section on Bone growth stimulators (BGS).

**Decision rationale:** This patient presents with neck pain, left shoulder/arm/hand pain, back pain left hip pain, and left knee pain and is s/p cervical fusion at C6-7 from 6/25/14. The treater has asked for Bone Stimulator Cervical Spine on 10/6/14 "to allow healing of the cervical spine and enhance this delayed fusion of the cervical some four months after the surgery." Regarding bone growth stimulators, ODG recommends them on a case by case analysis, as limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, and smoker). ODG states: "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. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003)." In this case, the patient is s/p cervical fusion from four months ago. The patient does present with one of the risk factors ODG gives for a bone growth stimulator (failed spinal fusion surgery). The treater is requesting bone growth stimulator to enhance delayed fusion 4 months after failed surgery. The request is medically necessary.