

<b>Case Number:</b>	CM15-0110746		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 44-year-old who has filed a claim for cumulative trauma involving the cervical spine first claimed on January 19, 2015. In a Utilization Review report dated May 28, 2015, the claims administrator denied a request for bone stimulator for the cervical spine. A RFA form received on May 20, 2015 was referenced in the determination. The claims administrator stated that the request was being denied because there was no clear or compelling evidence that the applicant was slated to undergo a cervical fusion procedure. In a RFA form dated May 20, 2015, a bone growth stimulator was in fact sought. In an associated Doctor's First Report (DFR) dated May 6, 2015, the applicant alleged complaints of neck pain attributed to cumulative trauma over 25 years of employment. A bone stimulator and unspecified medications were sought while the applicant was apparently returned to work. The treating provider did not set a clear rationale for introduction of bone stimulator forth.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Stimulator for Cervical Spine Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ODG Integrated Treatment/Disability Duration Guidelines Occupational Disorders of the Neck and Upper Back, Bone-growth stimulators (BGS) 2. ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Bone growth stimulators (BGS).

**Decision rationale:** No, the proposed bone growth stimulator was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Cervical Spine Chapter Bone Growth Stimulators topic notes that bone growth stimulators are "under study." ODG's Low Back Chapter Bone Growth Stimulators topic likewise notes that bone growth stimulators are "under study," but can be employed as an adjunct to spine surgery in individuals with risk factors for a failed fusion, including a history of previous failed fusion, high-grade spondylolisthesis, pursuit of a multilevel fusion procedure, current smoking habit, diabetes, renal insufficiency, alcoholism, osteoporosis, etc. Here, however, a clear rationale for the bone growth stimulator was not, however, set forth by the treating provider. There was no mention of the applicant's considering or contemplating any kind of surgical intervention involving the cervical spine on or around the date of the request, May 6, 2015. The applicant's past medical history was not detailed. The presence or absence of diabetes, renal disease, alcoholism, etc., was not established. Therefore, the request was not medically necessary.