

Case Number:	CM15-0112310		
Date Assigned:	06/18/2015	Date of Injury:	06/01/2014
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 64 year old female patient who sustained an industrial injury on 06/01/2014. The accident was described as while working as a pharmacy technician she injured her neck, shoulder and subsequent surgical intervention in October 2014 C5-7 fusion. The patient did resume a modified work duty on 01/09/2015. She did have a mechanical slip and fall on 01/31/2015 which was described as having fallen backwards hitting the back of her head on the wall hyperflexing her neck. Since this recent incident she had been with increased pain in the neck. She does use a neck collar for comfort and states taking Tramadol, Norco and Diclofenac without much relief in symptom. The active problem list showed: sprain of elbow; strain shoulder, trapezius muscle; dermatitis allergic; burn of forearm; strain or sprain of hand; strain or sprain of hand, finger or thumb; carpal tunnel syndrome; DeQuervain's tenosynovitis, and strain arm or forearm, repetitive use. Current medications are: Tylenol, Naproxen and Lexapro. Objective findings showed the patient with mild midline cervical spine tenderness to palpation at C5-7; range of motion limited by pain. A magnetic resonance imaging scan of cervical spine showed no fracture; status post anterior cervical discectomy and fusion from C4-C7. A follow up dated 05/18/2015 reported pending authorization for lumbar spine surgery. Her hands and feet continue to bother her and still awaiting to request authorization to address carpal tunnel syndrome. The treating diagnoses were: status post cervical spine anterior discectomy with fusion with persistent numbness, tingling, pain to bilateral upper extremities, right hand swelling sensation and persistent neck and shoulder pains; carpal tunnel syndrome bilaterally; complains of low back pain; bilateral hip pain; bilateral plantar fasciitis, bilateral posterior tibial

tendinosis; bilateral thumb mild CMC joint osteoarthritis, and bilateral knee pain. The patient has not yet reached maximal medical improvement.

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 Stim: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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

Decision rationale: The ODG guidelines indicate that the bone growth stimulators are under study. Criteria for use have included a history of smoking, pseudoarthrosis from previous fusion surgery and grade 111 or worse of spondylolisthesis. Documentation does not show any of this evidence. The requested treatment: Associated Surgical Service: Bone Growth Stim is NOT medically necessary and appropriate.