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| Case Number: | CM15-0116780 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 07/16/2012 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 57 year old man sustained an industrial injury on 7/16/2012. The mechanism of injury is not detailed. Evaluations include undated cervical spine x-rays. Diagnoses include cervical spine disc degeneration, cervical radiculopathy, status post cervical fusion. Treatment has included oral medications and surgical intervention. Physician notes dated 4/21/20215 show complaints of cervical spine pain with bilateral upper extremity pain. Recommendations include cervical spine MRI, physical therapy, continue home health care, ad follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical bone stimulator purchase only: 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, bone growth stimulators.

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

Decision rationale: According to ODG guidelines, bone growth stimulators are indicated and patients undergoing spinal fusion with high-risk for slow fusion. However, there are no strong clinical studies supporting bone growth stimulators. In this case, the patient is post-cervical fusion; however, there is no radiographic evidence of slow fusion. There is no documentation that the patient is at high risk of incomplete fusion. Therefore, the request for Electrical bone stimulator purchase only is not medically necessary.