

Case Number:	CM15-0125704		
Date Assigned:	07/10/2015	Date of Injury:	10/13/2012
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male who sustained an industrial injury on 10/13/12. The mechanism of injury is unclear. He currently complains of intermittent cervical spine pain that is improving; constant low back pain with radiation to the lower extremities and a pain level of 7/10. On physical exam there was tenderness on palpation and muscle spasms of paravertebral muscle, seated nerve root test is positive and range of motion is restricted; the cervical spine has tenderness with spasm of paravertebral muscle, with limited range of motion and pain. Medications are Voltaren, cyclobenzaprine, sumatriptan succinate, ondansetron, quazepam, Tramadol, Cidaflex, Ketoprofen, Norco, Methoderm, Terocin patch. Diagnoses include cervicalgia, status post anterior cervical interbody fusion; lumbago. Treatments to date include medications; physical therapy. In the progress note dated 6/3/15 the treating provider's plan of care includes a request for bone growth stimulator due to lack of bone healing at this stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator (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-Treatment in

Workers' Compensation, Neck and Upper Back Procedure Summary Online Version last updated 05/12/2015 Aetna Clinical Policy Bulletins Number 0343.

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 and pg 13.

Decision rationale: According to the guidelines, bone growth stimulators are not recommended. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. In this case, the claimant had undergone cervical body fusion. Although there is some conflicting evidence for its use, there is no indication for indefinite use of a bone growth stimulator. As such, the request for the above is not medically necessary.