

<b>Case Number:</b>	CM15-0179970		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 58-year-old female who sustained an industrial injury on 10/4/11, relative to a trip and fall. Past medical history was positive for peptic ulcer disease and gastrointestinal distress with non-steroidal anti-inflammatory drugs. Conservative treatment had included activity modification, medications, physical therapy, chiropractic treatment, and epidural steroid injection. The 7/10/15 cervical spine MRI impression documented facet and uncovertebral height arthropathy at the C4/5 level, causing moderate to severe bilateral neuroforaminal stenosis. There was a stable minimal retrolisthesis at C5/6 with facet and uncovertebral joint arthropathy causing moderate to severe right neuroforaminal stenosis. The 8/21/15 addendum documented minimal disc osteophyte complex at C4/5 effacing the ventral thecal sac and mild cord deformity with flattening of the ventral aspect of the cord. At C5/6, there was stable moderate to severe right and mild left neuroforaminal stenosis secondary to facet and uncovertebral joint arthropathy. The 7/13/15 neurosurgical report cited continued neck pain radiating into the upper extremities, left greater than right. The injured worker had received three epidural steroid injections. There as electrodiagnostic evidence of a left C7 radiculopathy. Imaging was reviewed and showed C4/5 degenerative joint disease with bilateral foraminal stenosis, mild central canal stenosis, and mild spinal cord compression. At C5/6, there was bilateral foraminal stenosis, mild central stenosis, and mild spinal cord compression. Authorization was requested for anterior cervical discectomy and fusion at C4/5 and C5/6, and associated services including an external bone growth stimulator. The 8/27/15 utilization review certified the request for anterior cervical discectomy and fusion at C4/5 and C5/6. The request

for an external bone growth stimulator was non-certified as there was no documentation demonstrating any significant risk factors for nonunion, outside of a 2-level fusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: External bone growth stimulator:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Neurosurg Focus 13(6), Morone MD: The Use of Electrical Stimulation to Enhance Spinal Fusion; Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Bone-growth stimulators (BGS).

**Decision rationale:** The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. This injured worker meets the criteria to support the use of a post-operative bone growth stimulator based on multilevel fusion. Therefore, this request is medically necessary.