

Case Number:	CM15-0061637		
Date Assigned:	04/07/2015	Date of Injury:	05/13/2004
Decision Date:	05/22/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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: California, North Carolina
 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 50 year old female patient who sustained an industrial injury on 05/13/2014. A primary treating office visit dated 07/15/2014 reported chief complaint of having constant cervical pain that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above shoulder level. There is radiation of pain into the bilateral upper extremities; along with associated headaches. In addition, she has tension between the shoulder blades and reports the pain worsening. The patient has noted failing all conservative measures to include: activity modification, medication, physical therapy/ chiropractic modalities, as well as pain management. The patient reported the therapy session increasing the symptoms. She is diagnosed with cervical discopathy with radiculitis. The plan of care involved: strong recommendation for surgical intervention. A more recent primary treating office visit dated 01/13/2015 reported chief complaints of constant cervical pain on the left accompanied by stiffness. She is diagnosed with status post C5-6 anterior cervical discectomy and fusion. The plan of care involved: continue with gentle range of motion exercises, continue with medication regimen. She is temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator for the cervical spine: 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), Low Back, 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) low back, bone growth stimulator.

Decision rationale: The CA MTUS/ACOEM does not address the request of a bone stimulator for the cervical spine. The ODG low back guidelines do address the use of a bone growth stimulator. The criteria for use of a bone growth stimulator are as follows: Either invasive or non-invasive methods of bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1) One or more previous failed spinal fusions; 2) grade III or worse spondylolisthesis; 3) fusion to be performed at one or more levels; 4) current smoking habit; 5) diabetes, renal disease, alcoholism; 6) significant osteoporosis demonstrated on radiographs. This patient is undergoing a single level fusion and x-rays findings do not demonstrate the need for a bone stimulator. This patient does not meet the ODG criteria for use of a bone stimulator, therefore the request is deemed not medically necessary.