MAXIMUS Federal Services

Case Number:	CM15-0062985		
Date Assigned:	04/08/2015	Date of Injury:	08/27/2014
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/02/2015

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:

The injured worker is a 55-year-old male who sustained an industrial injury on 8/27/14. Injury occurred when his left leg gave out and he fell face first onto an ice chest. The 10/10/14 cervical spine MRI impression documented a 2-3 mm disc protrusion at C5/6 extending into the right neuroforaminal exit zone, resulting in moderate treating physician report neuroforaminal exit zone compromise with borderline spinal stenosis. At C6/7, there was a 4-5 mm disc protrusion impinging and slightly flattening the cord. There was spinal stenosis, but no significant neuroforaminal exit zone compromise. The 3/23/15 treating physician report cited neck pain radiating into the left shoulder, severe at time. Physical exam documented left triceps weakness and intact sensation. The treatment plan included anterior cervical discectomy and fusion at C5/6 and C6/7 as the injured worker had failed non-operative care. The 4/1/15 utilization review certified a request for anterior cervical discectomy and fusion at C5/6 and C6/7. A request for bone growth stimulator purchase was modified to allow for 3-months rental of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 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 (ODG), Neck and Upper 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) 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. The use of bone growth stimulators remains under study in the cervical spine with no consistent medical evidence to support or refute use of these devices for improving patient outcomes. The 4/1/15 utilization review partially certified the request for a bone growth stimulator for a 3 month rental. There is no compelling reason to support additional certification at this time. Therefore, this request is not medically necessary.