

Case Number:	CM15-0068514		
Date Assigned:	04/16/2015	Date of Injury:	06/04/2014
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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 38 year old male, who sustained an industrial injury on June 4, 2014. He reported neck pain and stiffness. The injured worker was diagnosed as having status post anterior cervical fusion on October 6, 2014, right shoulder sprain, and lumbosacral sprain with radicular symptoms. Diagnostic testing to date has included MRI and x-rays. Treatment to date has included work modifications, physical therapy, cervical epidural steroid injection, and opioid medication. On February 13, 2015, the injured worker complains of neck pain radiating up to the head and down to the hands. He has aching on the right side of the face, neck, arms, lower back, and legs. Associated symptoms include weakness of the neck and arms, cracking of the neck, giving way of the arms, stabbing sensations of the shoulders, numbness and burning of the hands, and pins & needles, numbness and tingling throughout bilateral arms. His overall pain is rated 6 to 9 out of 10. He has difficulty with lifting and typing due to neck and shoulder pain, and difficulty with bending, twisting, and reaching due to neck pain. He has lower back pain with walking and standing, and sleeping increases his neck and back pain. The physical exam revealed a decreased right grip, tenderness of the bilateral cervical paravertebral muscles and bilateral trapezius- greater on the right side, decreased cervical range of motion, normal reflexes, diffuse and decreased sensation of the right hand and right upper extremity, and normal motor testing. The bilateral shoulder exam revealed right biceps tendon groove tenderness and decreased range of motion of bilateral shoulders. The treatment plan includes bone stimulator for the cervical spine to augment the healing of the fusion and to prevent possible complications.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone growth stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines- low back chapter and pg 13.

Decision rationale: According to the guidelines, bone growth stimulators are Under study. There is conflicting evidence, so case by case recommendations are necessary (RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudo-arthrosis, instability, smoker). Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation 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 fusion(s); (2) Grade III or worse. Spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, the claimant did have a fusion of the cervical spine which was not well healed. The claimant does drink alcohol. The request for a bone growth stimulator in this case is appropriate and medically necessary.