

Case Number:	CM15-0075510		
Date Assigned:	04/27/2015	Date of Injury:	03/25/2013
Decision Date:	05/27/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 36 year old female who sustained an industrial injury on 03/25/2013. She reported pain in the right shoulder, and upper back. The injured worker was diagnosed by MRI, electromyogram and nerve conduction study as having a C5 and C6 nerve root radiculopathy. Treatment to date has included failed nonsurgical treatment for one year, followed by an anterior cervical discectomy and fusion. Currently, the injured worker complains of pain in the cervical spine and pain down the right upper extremity and weakness in the right upper extremity. A MRI arthrogram of the right shoulder done 03/17/2015 was unremarkable. Her current diagnoses include: status post C4-5, C5-6 Cervical Fusion; impingement syndrome right shoulder; and cervical musculoligamentous strain. A Cervical Bone Growth Stimulator is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Bone Growth Stimulator: 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) Treatment in Workers Comp, 20th Edition, 2015, Updates: Low Back procedures, Bone Growth Stimulator (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck & Upper Back Chapter, under Bone-growth stimulators (BGS) Low Back Chapter under Bone growth stimulators (BGS).

Decision rationale: The patient presents with neck pain with pain down the right upper extremity. The request is for a CERVICAL BONE GROWTH STIMULATOR. There is no RFA and the patient's date of injury is 03/25/13. The diagnoses include status post C4-5, C5-6 Cervical Fusion; impingement syndrome right shoulder; and cervical musculoligamentous strain. Per 02/10/15 report, physical examination revealed a surgical scar on the anterior aspect of the cervical spine on the right. On range of motion of the cervical spine, the flexion is 35 degrees, extension is 45 degrees. There is positive Spurling's and cervical compression test on the right. MRI of the cervical spine dated 02/19/15, revealed "anterior plate and screw fixation of the C4, C5 and C6 vertebrae with interbody vertebral spacers at the C4-5 and C5-6. At C6-7 there is mild bilateral uncinat spurting. Equivocal 3-4 mm central to left-sided, partially calcified disc protrusion." Examination of the right shoulder revealed tenderness to palpation and a positive impingement test. Supraspinatus test is positive on the right. Treatment to date has included failed nonsurgical treatment for one year, followed by an anterior cervical discectomy and fusion. The patient is temporarily totally disabled. ODG Guidelines, Neck & Upper Back Chapter, under Bone-growth stimulators (BGS) has the following: "Under study. See the Low Back Chapter for more information about use in spinal fusion." ODG Guidelines, Low Back Chapter under Bone growth stimulators (BGS) states: 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. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003) In this case, the requesting report was not provided for review. While this patient does not present with any of the "high-risk" factors such as smoking, osteoporosis, diabetes, or renal disease, the patient does present with a failed spinal fusion surgery. The fusion surgery was at two levels as well. The request appears indicated by ODG guidelines. Therefore, the request for Cervical bone growth stimulator IS medically necessary.