

Case Number:	CM15-0093956		
Date Assigned:	05/20/2015	Date of Injury:	06/04/2014
Decision Date:	06/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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, Hawaii

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 is a 39 year old male, who sustained an industrial injury on 6/4/2014. He reported neck and right arm pain. The injured worker was diagnosed as having lumbosacral sprain with radicular symptoms, right shoulder sprain, status post anterior cervical fusion. Treatment to date has included medications, cervical fusion, and modified work status. The request is for a bone stimulator for the cervical spine. On 3/13/2015, he reported ongoing pain and stiffness to the neck with radiation to the upper extremities and back. In addition he indicated his right shoulder to have pain that is worsened with activity. Examination revealed normal nerve roots from C1-T1, and full strength to all muscle groups. The record indicates that testing was done for resisted neck flexion, neck side flexion, shoulder elevation, abduction, forward elevation, elbow flexion, elbow extension, wrist flexion, dorsiflexion, ulnar deviation, thumb extension, and hand intrinsic muscles. The treatment plan included: acupuncture, Percocet, pain management consultation, and a bone stimulator. On 4/10/2015, he reported some "overall" improvement in his neck, and that acupuncture is helping to relieve the pain and tension. The treatment plan included a bone stimulator to aide in the fusion of the cervical spine after surgery 6 months prior.

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), Bone growth stimulators (BGS).

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

Decision rationale: The patient presents with neck and right arm pain. The current request is for bone stimulator for the cervical spine. The treating physician states, in a report dated 03/06/15, "The patient underwent a cervical fusion in October of last year. He is now four months status post cervical fusion. X-rays obtained today show that the fusion is not healed. In addition, there is concern since the screws in the superior endplate is low, bringing forth the risk of possible displacement of the cage. I am requesting a bone stimulator to help augment the healing of the fusion and to prevent possible complications." (56B) The MTUS guidelines do not address bone stimulators. The ODG guidelines state, "Under study. See the Low Back Chapter for more information about use in spinal fusion." The ODG Low Back Chapter states, "Under study. There is conflicting evidence, so case-by-case recommendations are necessary (some 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 pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated." In this case, the treating physician, in the reports available for review, has failed to document any of the "high risk" indicators listed above. Since this treatment is still under study for the neck and upper back, and there are no high-risk indicators to justify treatment, the current request is not medically necessary and the recommendation is for denial.