MAXIMUS Federal Services

Case Number:	CM15-0095626		
Date Assigned:	05/22/2015	Date of Injury:	08/27/2012
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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, Pain Management

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 44-year-old female patient who sustained an industrial injury on 08/27/2012. A primary treating office visit dated 01/16/2015 reported the patient being status post cervical spinal fusion at C5-6 on 11/25/2014. She is also found having had a Toradol injection the day prior with noted of no relief whatsoever, she is miserable. Objective findings showed cervical scars consistent with ACDF. Her shoulder motion is limited, but she is tender over the AC joint. There is pain with cross-body adduction and pain with terminal elevation. An injection was administered to the AC joint. The impression noted the patient with arthroscopy, distal clavicle excision left shoulder. The plan of care involved the recommendation to undergo arthroscopic distal clavicle excision. A primary treating office visit dated 11/20/2014 reported subjective complaint of having constant pain in the cervical spine that is aggravated by repetitive motion of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain radiates into the upper extremities and there are associated headaches along with tension between the shoulder blades. There is also complaint of constant bilateral shoulder pain. She has dysphagia. Of note, in the past, she is reported with an adverse reaction to a Cortisone injection to the left shoulder and is unable to undergo a cervical steroid epidural injection. Objective findings showed the cervical spine with palpable paravertebral muscle tenderness with spasm. A positive loading compression test is noted and Spurling's maneuver is positive. The shoulder showed tenderness around the anterior glenohumeral region and subcromial space. Both Hawkin's and impingement signs are positive. The plan of care noted current medications refilled, and follow up with surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back.

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

Decision rationale: Regarding the request for a bone growth stimulator, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is no documentation that any of these risk factors are present. In the absence of such documentation, the currently requested bone growth stimulator is not medically necessary.