

<b>Case Number:</b>	CM15-0096960		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	02/18/2008
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 52 year old female who sustained an industrial injury on February 18, 2008. She has reported intermittent pain of the cervical spine and has been diagnosed with status post anterior cervical discectomy and fusion at C3-4 and C5-6 and total disc replacement at C4-5 and status post right carpal tunnel release. Treatment has included medication, bracing, surgery, medical imaging, injection, and physical therapy. Examination of the cervical spine revealed a well healing incision. There were no signs of infection. Neurovascular status was grossly intact in the upper extremities. There was no further radiculopathy. There was some residual stiffness with some hoarseness. The right wrist and hand revealed a well healed right carpal tunnel release scar. Range of motion was full. Skin was warm and dry with normal color and turgor. There was full sensation in the radial digits. The treatment request included 1 bone stimulator unit for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone stimulator unit for 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, Neck and Upper Back, Low Back, Bone-growth stimulators.

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

**Decision rationale:** According to the guidelines, bone stimulators are under study and there is conflicting evidence regarding their efficacy. In this case, the claimant underwent successful fusion and graft application. Although, the bone growth may be beneficial on a case by case basis, there is no evidence for necessity in this patient to improve healing outcome as there is noted clinical improvement. The request is not medically necessary.