

Case Number:	CM15-0099742		
Date Assigned:	06/02/2015	Date of Injury:	08/25/2001
Decision Date:	08/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 was a 44 year old female, who sustained an industrial injury, August 25, 2001. The injured worker previously received the following treatments cervical spine x-rays, cervical spine MRI and cervical steroid injections. The injured worker was diagnosed with cervical discopathy, cervicgia and status post cervical surgery. According to progress note of April 15, 2015, the injured worker's chief complaint was intermittent pain in the cervical spine that was aggravated by repetitive motions of the neck, such as pushing, pulling, lifting, forward reaching and working above the by shoulder level. The injured worker characterized the pain as dull. There was no radiation of pain into the upper extremities. The pain was rated at 3 out of 10. The physical exam noted palpable muscle tenderness with spasms. The axial loading test was negative. The Spurling's test was negative. The range of motion was limited by pain. The surgical scar was well healed and dry with normal color and turgor. The circulation and excursion was normal in the fingers. There was normal sensation and strength. The treatment plan included cervical spine bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine bone stimulator: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: The claimant sustained a work-related injury in August 2001 with treatment included an anterior cervical decompression and fusion. The claimant's BMI is over 30. He has thyroid dysfunction. He occasionally drinks alcohol and does not smoke. When seen, he was having intermittent neck pain rated at 3/10. There was cervical spine tenderness with decreased and painful range of motion. There was no clinical instability. There was a normal neurological examination and negative Spurling testing. In terms of a bone growth stimulator, case by case recommendations are necessary. A bone stimulator 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; (5) diabetes, renal disease, alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, none of these risk factors is present. There are no documented imaging findings of a failed or incomplete fusion. The requested bone stimulator is not medically necessary.