

<b>Case Number:</b>	CM14-0189573		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 61-year-old male who sustained an industrial injury on 6/3/11. Injury occurred when he was shoveling a street behind a detour and was struck by a vehicle. He underwent anterior cervical discectomy and fusion (ACDF) at C5-7 with allograft in April 2013. The 2/6/14 upper extremity electrodiagnostic study was reported within normal limits. The 6/25/14 cervical spine MRI impression documented degenerative grade 1 biconcave deformity of the C7 vertebral, degenerative grade 1 anterolisthesis of C7 over T1, and post-surgical anterior fusion device involving the C5, C6, and C7 vertebral bodies. At C3/4, there was a broad-based posterior disc herniation causing spinal canal stenosis. There was concurrent bilateral uncovertebral joint degenerative change and left facet hypertrophy. Disc material, uncovertebral joint degenerative change, and left facet hypertrophy caused bilateral neuroforaminal stenosis that deviated the bilateral C4 exiting nerve roots. At C4/5, there was a broad-based posterior disc herniation causing spinal canal stenosis. There was concurrent bilateral uncovertebral joint degenerative change and left facet hypertrophy. Disc material, uncovertebral joint degenerative change, and left facet hypertrophy caused bilateral neuroforaminal stenosis that deviated the bilateral C5 exiting nerve roots. The 8/20/14 treating physician report indicated that the recent MRI showed positional disc protrusions and stenosis at C3/4 and C4/5 with central and bilateral neuroforaminal extension, left more than right, with bone and osteophyte fragments compressing the C4 and C5 nerve roots. Compared to the pre-operative study, there was significant progression of the disease at the C3/4 and C4/5 levels. Physical exam documented fixed forward posture with 50% loss of range of motion. He had positive compression and Spurling's signs.

There was bilateral 4/5 deltoid weakness and 4+/5 left and 5-/5 right biceps weakness. Deep tendon reflexes were documented as: brachioradialis 1+ bilaterally, triceps 2+ bilaterally, and biceps absent bilaterally. There was no clonus and Hoffman's was negative. He was status post ACDF at C5/6 and C6/7 with interbody cages, bone plate and screws in excellent position, solidly fused and well-aligned. He had upper neck pain with headaches, spasms, limited motion, and radiation to the shoulders. The treatment plan recommended ACDF at C3/4 and C4/5. Authorization was also requested for associated surgical service: bone growth stimulator. The 10/6/14 utilization review non-certified the request for a bone growth stimulator as the associated surgical request for ACDF at C3/4 and C4/5 was not certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated Surgical Service: Bone Growth 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), Low Back Procedure, Bone Growth Stimulators (BGS).

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

**Decision rationale:** The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. This injured worker meets the criteria to support the use of a post-operative bone growth stimulator based on multilevel fusion. However, there is no indication that the associated cervical fusion procedure has been certified. Therefore, this request is not medically necessary at this time.