

Case Number:	CM13-0007984		
Date Assigned:	02/12/2014	Date of Injury:	11/06/2009
Decision Date:	04/15/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported a 11/6/09 date of injury. The records dated 7/27/12 L4-5 report a fusion, and 7/1/13 removal of anterior pseudoarthrosis cage with replacement of the anterior interbody fusion cage and posterolateral fusion arthrodesis. At the time (6/25/13) of request for authorization for bone growth stimulator purchase, there is documentation of current diagnoses (status post L4-5 anterior/posterior lumbar interbody, instrumented fusion and previous L4-5 posterior fusion with pseudoarthrosis, and diabetes), treatment to date (L4-5 fusion, replacement of the anterior interbody fusion cage and medications), and pending removal of anterior pseudoarthrosis cage with replacement of the anterior interbody fusion cage and posterolateral fusion arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR PURCHASE: Overturned

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

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 Chapter, Bone growth stimulators (BGS)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of either invasive or noninvasive methods of electrical bone growth stimulation as an adjunct to spinal fusion surgery for patients with any of the following risk factors 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), as criteria necessary to support the medical necessity of bone growth stimulator. Within the medical information available for review, there is documentation of diagnoses of status post L4-5 anterior/posterior lumbar interbody, instrumented fusion and previous L4-5 posterior fusion with pseudoarthrosis, and diabetes. In addition, there is documentation of a 7/1/13 removal of anterior pseudoarthrosis cage with replacement of the anterior interbody fusion cage and posterolateral fusion arthrodesis, and risk factors for failed fusion (previous failed spinal fusion and diabetes). Therefore, based on guidelines and a review of the evidence, the request for bone growth stimulator purchase is medically necessary.