

Case Number:	CM13-0019217		
Date Assigned:	12/11/2013	Date of Injury:	08/13/2011
Decision Date:	01/23/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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:

The patient is a 26-year-old male with a date of injury of August 13, 2011. The patient has been treated with physical therapy, epidural steroids, and pain medications. A lumbar MRI from September 2011 demonstrates large disc protrusions at L4-5 causing moderate central stenosis. There are also disc bulges at L2-3 and L3-4 and L4-5. There is mild compression of the dura at L5-S1. An MRI from May 2013 shows multilevel degenerative changes with most significant degenerative change at L4-5 with a central disc protrusion compressing the bilateral L5 nerve roots with spinal stenosis at this level. At L5-S1 there is a right paracentral disc protrusion at both the right S1 nerve root. Nerve conduction performed in May 2013 describes moderate bilateral L4 sensory radiculopathy and severe bilateral L5 sensory radiculopathy. There is moderate bilateral S1 radiculopathy of sensory type. A physical examination from July 2013 demonstrates back pain with radiation to the left leg as well as increased weakness of the left foot. The patient walks with a limp and the range of motion in the patient's back is diminished. Decreased sensation in the left L5 distribution is noted. The patient was noted to have left L5 radiculopathy with foot drop. Straight leg raising is positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of pre-op Orthofix External 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, Lumbar Chapter section on Bone growth stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, and the Official Disability Guidelines: Low Back Chapter

Decision rationale: There is no medical necessity for the need for bone growth stimulator after lumbar decompressive surgery. This patient does not meet established criteria for bone growth stimulator use. According to the Official Disability Guidelines, bone growth stimulators may be used after spinal fusion surgery with appropriate indications such as more than 3 levels of fusion, revision surgery, and pre-existing risk factors for failure fusion. In this case, there is no evidence of fracture, tumor, or instability and this patient is not having surgery for pseudarthrosis. The patient does not meet the Official Disability Guidelines' criteria for bone growth stimulator use after spinal surgery. The request for a purchase of pre-op Orthofix External Bone Stimulator is not medically necessary and appropriate.