

Case Number:	CM13-0022151		
Date Assigned:	11/13/2013	Date of Injury:	10/30/2004
Decision Date:	01/23/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine 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 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.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 30, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic therapy and manipulative therapy; and one prior epidural steroid injection. In a utilization review report of August 23, 2013, the claims administrator denied a request for an electronic bone stimulator. It was stated that the applicant was pending a lumbar fusion at L5-S1. No further rationale was provided. In a May 13, 2013, progress note, the attending provider notes that the applicant has significant low back pain with associated radicular complaints. It is stated that the applicant is a candidate for an L4-L5 lumbar disk replacement and L5-S1 lumbar fusion. An MRI of the lumbar spine of October 15, 2012 is notable for multilevel degenerative changes. Multiple other notes are reviewed over the life of file. There is no specific mention of past medical history notable for prior lumbar fusion, multilevel spondylosis, planned multilevel fusion, current smoking habit, diabetes, renal disease, alcoholism and/or osteoporosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Bone growth Stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Low Back Problems.

Decision rationale: The MTUS does not address the topic of bone stimulators. As noted in the ODG low back chapter, bone growth stimulator topic, criteria for usage of the bone stimulators include osteoporosis evidence of prior failed fusion, evidence of grade 3 or worse spondylolisthesis, planned multilevel fusion surgery, and/or personal history of osteoporosis, diabetes, renal disease, and/or alcoholism. In this case, however, none of the aforementioned risks factors for failed fusion have been described. There is no evidence that the applicant carries diagnosis of osteoporosis, diabetes, renal disease, alcoholism, etc., which would the put the applicant at a risk for heightened risk of fusion. Therefore, the original utilization review decision is upheld. The request remains noncertified, on independent medical review.