

Case Number:	CM13-0022611		
Date Assigned:	05/21/2014	Date of Injury:	04/11/2001
Decision Date:	12/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery 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:

The claimant is a 50-year-old gentleman who sustained injuries to the neck and low back on 04/11/01. The records provided for review document that the claimant status post cervical fusion as well as a lumbar fusion at L5-S1. Due to failed back syndrome, a morphine pump was inserted in 2006 that was ultimately removed for unknown reasons. The claimant's most recent clinical report is from 07/24/13 describing continued low back related pain. The report states that the claimant has been recently treated with narcotic agents and activity restrictions. He describes pain radiating into the bilateral legs. Physical exam showed restricted range of motion, 5/5 motor strength with the exception of knee extension, ankle dorsiflexion and great toe extension at 4+/5. Plain film radiographs reviewed from that date showed instrumented interbody fusion at L5-S1 with hardware. There was a 5 millimeters of retrolisthesis at L4-5. Review of a prior MRI from 02/17/13 showed right sided disc protrusion at L3-4 with facet joint disease and an L4-5 moderate disc herniation with loss of disc height. The claimant's working diagnosis was status post L5-S1 fusion with adjacent level disease at L3-4 and L4-5. Recommendations were for surgical intervention to include L3-4 and L4-5 decompression with fusion. It was noted that during the fusion, hardware removal at the L5-S1 level and exploration of fusion to "make sure it is solid" would take place as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOFIX EXTERNAL BONE GROWTH STIMULATOR: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS)

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Official Disability Guidelines would support the role of a bone growth stimulator. Fusion in this case is to include the L3-4 and L4-5 levels. A two-level fusion would support the post-operative use of a bone growth stimulator per guideline criteria.