

Case Number:	CM13-0024225		
Date Assigned:	11/20/2013	Date of Injury:	09/29/2011
Decision Date:	09/05/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 patient is a 35-year-old gentleman who was injured in work related accident on 09/29/11. Clinical records available for review in this case indicated low back complaints which the claimant has recently been authorized for an L5-S1 lumbar decompression with fusion and instrumentation. Review of medical records fails to show any evidence of past medical history. Claimant is noted to be a nonsmoker. There is a postoperative request for a bone growth stimulator for this claimant's upcoming orthopedic surgical fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: ORTHOFIX BONE GROWTH STIMULATOR (FOR LUMBAR SPINE): 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), Knee, Low Back-Back Brace, Post Operative; Low Back- Growth Stimulators.

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

Decision rationale: Based on Official Disability Guidelines as California MTUS Guidelines are silent regarding the postoperative use of bone growth stimulators, request in this case would not be supported. This individual fails to meet any Official Disability Guidelines criteria for use of a bone stimulator including a fusion at more than one level, a prior fusion, Grade 3 or worse spondylolisthesis, a smoking habit, diabetes, renal disease or alcoholism. Without documentation of risk factor or indication for bone growth stimulator, the use of this device in the postoperative setting would not be indicated.