

Case Number:	CM13-0027745		
Date Assigned:	11/22/2013	Date of Injury:	04/11/2001
Decision Date:	12/31/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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:

According to the records made available for review, this is a 51-year-old male with a 4/11/01 date of injury and L5-S1 fusion (date unspecified). At the time (9/18/13) of the Decision for Orthofix External Bone Growth Stimulator, there is documentation of subjective (ongoing low back pain and bilateral lower extremity pain) and objective (decreased range of motion of the lumbar spine, increased spasticity, and positive straight leg raise) findings, current diagnoses (lumbar radiculopathy, lumbar facet arthropathy, and lumbar failed surgery syndrome), and treatment to date (medications). Medical reports identify lumbar decompression and possible fusion/removal of hardware and exploration of fusion surgery that has been certified/authorized.

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: 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), Bone Growth Stimulators (BGS).

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 stimulation. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and lumbar failed surgery syndrome. However, given documentation of the requested possible fusion/removal of hardware and explore of fusion surgery, there is no (clear) documentation of aspinal fusion surgery. Therefore, based on guidelines and a review of the evidence, the request for Orthofix External Bone Growth Stimulator is not medically necessary.