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| Case Number: | CM13-0027761 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 11/29/2011 |
| Decision Date: | 04/09/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 Spine Surgery, and is licensed to practice in Texas. 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 64 year old male who reported an injury on 11/29/2011. The patient has a history of low back pain. He is currently not taking any medications. The 11/01/2013 clinic note reported a complaint of low back pain rated at 7-8/10 and some left leg pain with foot numbness and tingling. The exam indicated lumbar range of motion as 50 degree flexion and 10-15 degree extension with full rotation and lateral bending. He had 5/5 strength, intact sensation, 2/4 reflexed, and positive straight leg raise. His 10/31/2013 MRI revealed lumbar spinal stenosis that is moderate at L4-5 and severe at L5-S1 with facet arthropathy and lumbar disc protrusions. There was also a Grade I anterolisthesis at L5-S1, a mild disc desiccation at L4-5 and L5-S1 with normal disc height. The axial views revealed severe lateral recess stenosis and nerve root impingement of bilateral L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Back brace, pogrowth stimulators (BGS). 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, Bone growth stimulators (BGS).

Decision rationale: Official Disability Guidelines electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the risk factors for failed fusion. The documentation submitted did not provide evidence the surgery was approved and does not warrant the need for the stimulator at this time. As such, the request is non-certified

FITTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Since the primary procedure is not medically necessary, the associated service is also not medically necessary. As such, the request is non-certified.

LSO LUMBAR BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: CA ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As such, the request is non-certified.