

Case Number:	CM13-0030179		
Date Assigned:	11/27/2013	Date of Injury:	01/10/2007
Decision Date:	02/13/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 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 41-year-old gentleman who was injured in a work related accident on 01/10/07. Recent clinical assessment for review of 06/17/13 indicated cervical and lumbar complaints. His low back pain was noted to radiate the bilateral lower extremities, right greater than left, with physical examination showing restricted cervical range of motion, equal and symmetrical deep tendon reflexes, and a lower extremity examination showing tenderness to palpation, restricted motion, equal and symmetrical reflexes and generalized weakness to the right compared to left lower extremities with dorsiflexion. Radiographs of the lumbar spine showed prior fusion with "no evidence of loosening or breakage." It was noted to appear to be "solid" based on cage appearance. There was noted to be a prior CT scan from May of 2013 that showed the previous fusion at the L2-3 level with pseudoarthrosis from bone plugs within the caged fusion. Based on clinical findings a bone growth stimulator was recommended for further treatment. It is unclear as to when the claimant's prior fusion took place. However, recommendations were for a revision exploration of the fusion based on the claimant's current clinical presentation. A bone growth stimulator was recommended for treatment for the claimant's upcoming procedure. Further clinical records are not documented for review. It is unclear as to whether or not the surgical process took place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal 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), Treatment Index, 11th Edition (web) 2013, Low Back, Bone 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS).

Decision rationale: Based on Official Disability Guidelines criteria, as MTUS guidelines are silent, the role of a bone growth stimulator in this case would not be necessary. Records indicate that the claimant was recommended an "exploration of the fusion" with no documentation that the procedure has taken place or if revision fusion procedure has occurred. While guideline criteria would recommend the role of a bone growth stimulator for "one or more previous failed fusions," the lack of documentation as stated that a revision procedure was occurring or has occurred in this case would fail to necessitate the recommended treatment.