

Case Number:	CM13-0032574		
Date Assigned:	12/11/2013	Date of Injury:	04/16/2012
Decision Date:	03/12/2014	UR Denial Date:	09/07/2013
Priority:	Standard	Application Received:	10/08/2013

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 least at 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 claimant is a 53 year old male injured in a work related accident on April 16, 2012. The clinical records indicated a low back injury for an L5-S1 discectomy and fusion were recommended after failed conservative care. It was not clear in the records provided for review when the surgical process was to take place. There is a specific request for a bone growth stimulator and a cold therapy unit for the claimant's postoperative care following the one level fusion at L5-S1.

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. Decision based on Non-MTUS Citation ODG

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: The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines a bone growth stimulator would not be recommended in this case. Bone

growth stimulators are only indicated if significant risk factors are noted as per the ODG guideline criteria that would include a multilevel fusion procedure, history of a prior fusion procedure, a grade III or worse spondylolisthesis, significant smoking history, diabetes, renal disease, or alcoholism. A review of the clinical records indicates the claimant is to have a one level fusion, has no history of tobacco use, no prior surgical history to the lumbar spine or documentation of a grade III or worse spondylolisthesis. Based on the above the request for a bone growth stimulator for an isolated one level fusion procedure would not be supported

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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.

Decision rationale: The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines the request for cryotherapy following a lumbar surgical process would not be indicated. Cold packs are recommended for acute pain in the lumbar setting. Per the Official Disability Guidelines, there is no current indication for the use of cryotherapy in the postoperative setting for lumbar complaints. The request for this device is not indicated as necessary.