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| <b>Case Number:</b>   | CM13-0034869 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 02/01/2007 |
| <b>Decision Date:</b> | 04/07/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2013 |

### 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 Surgeon, 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 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 50-year-old male who reported an injury on 02/01/2007 after he lifted a tow bar that reportedly caused injury to the lumbar spine. The patient failed to respond to an adequate course of conservative care and ultimately underwent artificial disc replacement surgery at the L3-4 and L4-5 levels with fusion at the L5-S1 level. The patient underwent an L5-S1 fusion revision to pseudarthrosis. The patient had persistent pain complaints. The patient's most recent clinical evaluation in 07/2013 documented the patient's prosthetic discs were probably nonfunctional and leg to ectopic bone formation, which would be the cause of the patient's persistent pain. A recommendation was made for removal of the artificial disc replacements and then an anterior lumbar interbody fusion from the L3 through the L5, hardware revision at the L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF BONE 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 in Workers' Compensation, 18th Edition, 2013 Updates: low back procedure - 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 Stimulator (BGS).

**Decision rationale:** The requested purchase of a bone stimulator is not medically necessary or appropriate. Official Disability Guidelines do recommend the use of a bone stimulator for patients who undergo multilevel fusion. Although this recommendation has been made, there is no documentation submitted for review that the requested surgery has been authorized. Therefore, the need for a bone growth stimulator at this time cannot be determined. As such, the requested purchase of a bone growth stimulator is not medically necessary or appropriate.