

Case Number:	CM13-0037616		
Date Assigned:	12/18/2013	Date of Injury:	12/28/2010
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Surgery and is licensed to practice in California, Connecticut, & Pennsylvania. 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 claimant is a 57-year-old female who was injured on December 28, 2010 with initial complaints of low back pain. This was the result of a fall that occurred at work. A T12 vertebral fracture was noted at the time of injury. The claimant was with history of a precipitating lumbar fusion performed in the 90's. A recent orthopedic follow-up of October 1, 2013 with [REDACTED] indicated subjective complaints of continued pain increased since the previous visit with difficulty sleeping. It stated he was utilizing medicines in the form of Opana, Norco and Roxicodone. At that time there was no documentation of a subjective issue with the claimant's bone growth stimulator. Objectively, the claimant was noted to be with restricted motor tone at 4+/5 to the left great toe and diminished sensation in an L4-5 and L5-S1 dermatomal distribution. The diagnoses at that time were of a vertebral fracture at T12 with chronic intractable pain management. She was to continue with current medications, psychiatric follow-up as well as workup with imaging from spine specialist, [REDACTED]. An assessment from [REDACTED] from January 2014 recommended removal of the implanted bone growth stimulator under general anesthetic. He stated the bone growth stimulator would need to be removed in order to "adequately assess the neurologic elements" of the claimant's spine with an MRI scan. He documents no recent testing with the last testing being a CT scan of the lumbar spine from January 2011. It appears the sole purpose for removal of the implanted bone growth stimulator was to have an MRI performed. There is no indication of pain or physical issues of the stimulator at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal 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)

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 Procedure - Bone growth stimulators (BGS).

Decision rationale: While the bone growth stimulator clearly appeared to be warranted and appropriate in this case, its removal or need for removal has not yet been established. The January 2014 assessment states that the removal is specifically for assessment of the claimant's spine with an MRI. It is unclear as to why other forms of appropriate testing would not be warranted including CT scan and myelography. The sole purpose of this nonsymptomatic device to be removed for the sole purpose of an MRI scan would not be indicated at present. The risks and associated risks of surgical process including "general anesthesia" that is being recommended versus the potential benefit of the MRI in this chronic setting would not support the role of acute need of bone growth stimulator removal.