

Case Number:	CM13-0041294		
Date Assigned:	12/20/2013	Date of Injury:	04/22/2000
Decision Date:	03/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/14/2013

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, has a Fellowship trained in Spine Surgery and is licensed to practice in California and 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 67 year old male that reported the first work injury on 09/02/1998, the mechanism of injury is not noted in the clinical papers. The clinical paper is dated 02/04/2013 the paper work shows a history of status post laminectomy and fusion at L4-L5. The clinical paper work states that there is a disc bulge of 5-6 mm at L5-S1. The patient complains of almost constant pain in the left lumbar region, the patients reported that his pain is "positional". The patient reports that he avoids pushing or pulling anything, that prolonged sitting will cause radiating pain and prolonged standing will cause radiating pain. The patient also reports that lying flat will cause radiating pain down his thigh. The patient reports that he might use a TENS unit every other day. The patient is noted to have difficulty walking on the heels and toes, reports that he can't balance.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone growth stimulator.

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 stimulator.

Decision rationale: The request for the bone growth stimulator is non-certified. The patient has a history of four lower back surgeries. The patient is noted to have daily pain that is from the lumbar to sacrum area and is noted in the clinical report to have difficulty standing up straight due to his pain with radiating pain with bending and lying flat. The Official Disability Guidelines state that either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for failed fusion :One or more previous failed spinal fusion(s). There is no documentation of the last surgery failing. Therefore the request is non-certified