

Case Number:	CM13-0045285		
Date Assigned:	12/27/2013	Date of Injury:	05/25/2012
Decision Date:	04/18/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/12/2013

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 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 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 47 year old male with an industrial injury from 5/25/12. An exam note from 10/2/13 demonstrates that the claimant has complaints of neck, upper back, low back, right shoulder pain, with associated anxiety and depression. Examination demonstrates tenderness in the cervical, thoracic and lumbar spine. Diagnosis is of cervical spine bulge, thoracic spine strain, lumbar spine rupture and right shoulder internal derangement. An ortho stimulator is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO 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 Stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Bone Growth Stimulators

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone-growth stimulators. According to the ODG criteria, bone growth stimulators are indicated as an adjunct following surgical procedures. As this is a nonsurgical patient, the determination is for non-certification.

