

Case Number:	CM13-0048196		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2009
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopaedic 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 claimant is a 46-year-old gentleman who was injured 05/30/09 sustaining injury to the low back. Clinical records indicate prior fusion took place at the L3-4 and L4-5 level in May of 2010. There was a recent request in October 2013 given the claimant's ongoing complaints of pain to remove prior hardware and extend the fusion from the L3 to the S1 level. Clinical records indicate non-certification of the above mentioned procedure. A recent assessment of 12/04/13 indicates ongoing complaints of low and mid back pain with radiating lower extremity complaints. There was no documentation of need for secondary surgical process at that time. Given the claimant's ongoing complaints, consideration for a psychological evaluation with potential need for further intervention in the form of an intrathecal drug system or spinal cord stimulator was discussed. At present there is a request for a bone growth stimulator for this individual.

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 Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure, Bone growth stimulators (BGS)

Decision rationale: MTUS Guidelines are silent when looking at Official Disability Guidelines criteria. Bone growth stimulator in this instance would not be indicated. While the claimant is noted to be status post a two level fusion from 2010, there is no documentation or indication of further surgical process having occurred. At present there would be no acute indication for the role of a bone growth stimulator at this chronic stage in the claimant's postoperative course of care.