

Case Number:	CM13-0053389		
Date Assigned:	04/09/2014	Date of Injury:	07/12/2010
Decision Date:	05/23/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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 claimant is a 49-year-old gentleman who sustained an injury to his low back in a July 12, 2010, work related accident. The records document that the claimant was diagnosed with a lumbar herniated disc during clinical assessment on October 7, 2013. Following failed conservative measures, a two-level anterior posterior lumbar fusion and decompression at the L4-5 and L5-S1 level were recommended. Based on the documents provided for review, it is unclear if the recommended surgery occurred. This request is for the purchase for a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

A BONE GROWTH STIMULATOR PURCHASE: 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 Chapter

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: California ACOEM and MTUS Guidelines do not address the medical necessity of a bone growth stimulator device following lumbar fusion. Official Disability Guidelines state that a bone growth stimulator would be warranted following a two-level fusion. However, the clinical records available for review in this case do not document that surgery occurred or was authorized. Given the absence of documentation of the surgery, the purchase of a bone growth stimulator device would not be medically necessary in this case.