

Case Number:	CM13-0058001		
Date Assigned:	02/03/2014	Date of Injury:	12/04/2012
Decision Date:	05/23/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 48-year-old male who reported an injury on 12/04/2012. The injured worker reportedly sustained a gradual low back injury after driving a truck with a broken seat. Current diagnoses include discopathy at L5-S1 and facet arthrosis at L4-5. The injured worker was evaluated on 09/30/2013. The injured worker reported ongoing lower back pain, as well as right lower extremity pain. Physical examination revealed tenderness to palpation, limited range of motion, 1+ deep tendon reflexes bilaterally, intact sensation, positive straight leg raising, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included an anterior lumbar interbody fusion at L4-5 with placement of an artificial disc, preoperative clearance, a back brace, a bone growth stimulator, and a TEC system for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR (ORTHOFIX): 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 (BGS).

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 Stimulators.

Decision rationale: The Official Disability Guidelines state 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 1 or more previous failed spinal fusion, grade 3 or worse spondylolisthesis, fusion to be performed at more than 1 level, a current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis. Based on the documents provided, the injured worker does not meet any of the above-mentioned criteria as outlined by the Official Disability Guidelines. There is also no indication that this injured worker's surgical procedure has been authorized. Therefore, the requested bone growth stimulator is not medically necessary or appropriate at this time.

TEC SYSTEM (ICELESS COLD THERAPY UNIT WITH DVT AND LUMBAR WRAP):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back and Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. There is no indication that this injured worker is at high risk of developing a venous thrombosis. There is no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized unit. There is also no indication that this injured worker's surgical procedure has been authorized. Therefore, the requested TEC System is not medically necessary or appropriate at this time.

LUMBAR BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back

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 Chapter, Back Brace, Post Operative (Fusion).

Decision rationale: The Official Disability Guidelines state that the use of a postoperative back brace following a fusion is currently under study, and given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the requested lumbar back brace is not medically necessary or appropriate at this time.

