

<b>Case Number:</b>	CM13-0059901		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, 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 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 claimant is a 38-year-old gentleman who sustained a low back injury in a work related accident on June 7, 2013. A lumbar spine MRI dated September 12, 2013, shows 2 to 3 millimeter disc bulging at L4-5 and L5-S1 and moderate bilateral neural foraminal narrowing. At the October 31, 2013, clinical assessment by orthopedic spine physician [REDACTED], the claimant was noted to have continued low back and lower extremity complaints; physical examination findings showed 4/5 weakness with dorsi and plantar flexion, as well as limited range of motion and tenderness of the lumbar spine. Based on the claimant's imaging and failed conservative care, a two- level lumbar fusion at the L4-5 and L5-S1 level was recommended. The clinical records indicate the surgery has been denied upon utilization review. This request is for the postoperative use of an external bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**External Bone Growth Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--

TREATMENT IN WORKERS COMP, 18TH EDITION, 2013 UPDATES: LOW BACK  
PROCEDURE - BONE GROWTH STIMULATORS (BGS).

**Decision rationale:** California ACOEM and MTUS Guidelines do not address the use of bone growth stimulator devices following lumbar fusion procedures. According to Official Disability Guidelines, the external bone growth stimulator would not be supported in this case. While the Official Disability Guidelines would support the use of a bone growth stimulator in fusions of two or more levels, this employee's surgery was denied upon utilization review. Because the surgery did not occur, the postoperative use of an external bone growth stimulator would be medically unnecessary.