

Case Number:	CM13-0062017		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2008
Decision Date:	04/01/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

This is a 49-year-old male patient who reported an injury on 11/18/2008, the mechanism of injury was the patient was attempting to close a high-pressure water valve with a wrench. The patient reportedly was standing in an awkward position and experienced a severe pain in the low back, but he continued to work the remainder of the day with increasing amounts of pain. The patient reported later that evening the pain had worsened and was more severe. An ambulance was called and the patient was transported to an emergency room where he underwent a lumbar MRI on 11/19/2008, which revealed a large disc herniation at L4-5. The patient then was taken into surgery and is status post decompressive laminectomy at L4-5 and L5-S1, and an L4 sacrum fusion posteriorly instrumented interbody and posterolateral. The pain was not well controlled after the surgeries, and the patient then underwent a trial spinal cord stimulator, which did not provide significant pain relief. On 02/03/2011 the patient was evaluated for a spinal cord stimulator, after a trial stimulator had been attempted. The MRI, on 02/10/2011, of the lumbar spine revealed a disc protrusion at L2-3, and it was concluded that there was stenosis at L2 to L4 which it was determined it would require surgical decompression. The patient was then conservatively treated for the next several months, which included epidural steroid injections that did not significantly relieve the pain. On 12/12/2011, the patient had back surgery, which extended the fusion to L3-4 in conjunction with the decompression from L2 to L4, and subsequently received additional injections and a recommendation for medial branch blocks. On 02/28/2013, the patient was involved in a rollover truck accident and apparently the truck went over a cliff, and the patient had a compression fracture at L1 and L2 and remained on a rehab unit for approximately 1 week where he was prescribed a brace. An MRI of the lumbar spine on 07/17/2013 revealed a 4.5 mm retropulsion of the vertebral body at L1 with 70% loss of height, though no significant conus compression was noted, as well as 25% compression fracture at L2.

The patient reports pain from his mid to lower lumbar spine that is made worse by bending, twisting, stooping, and prolonged sitting and weight bearing, as well as an altered gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Bone 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 (updated 10/09/13) and 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 "Under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases." The request for the bone stimulator is noncertified. The patient complains of low back pain radiating to both legs, more on the right. The patient reportedly has had 16 to 20 physical therapy sessions to date, and 1 injection, which has been of no benefit. He is a status post laminectomy and fusion in 2008 and 2011, and microdiscectomy in 2002. The documentation fails to support the patient has a current pseudoarthrosis or is pending an authorized surgery. As such, the request is non-certified.