

Case Number:	CM13-0063313		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2011
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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:

This is a 60 year old claimant sustained an industrial injury on 9/15/11. Exam note from 9/9/13 demonstrates report of constant severe low back pain interfering with lifestyle and daily activities. Report states claimant has left more than right posterolateral leg pain with numbness, tingling and weakness. Examination demonstrates weakness of the left extensor hallucis longus. Treatment plan is to perform a posterior laminectomy and instrumented fusion from L3-S1 with bone morphogenetic protein.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE MORPHOGENETIC PROTEIN, TO BE DONE DURING SURGERY: 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), 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), Bone Growth.

Decision rationale: CA MTUS/ACOEM guidelines is silent on the issue of bone morphogenetic protein. According to the ODG criteria, bone morphogenetic protein (BMP), is not recommended due to lack of clear evidence of improved outcomes with BMP and there is inadequate evidence

of safety and efficacy to support routine use. Therefore, based on guidelines and a review of the evidence, the request for Bone Morphogenetic Protein is not medically necessary.