

<b>Case Number:</b>	CM13-0063324		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 injured worker is a 60-year-old male who reported an injury on 09/05/2011 due to a fall which reportedly caused injury to his low back. The injured worker's treatment history included physical therapy, a home exercise program, epidural steroid injections, and medications without significant improvement. The injured worker was evaluated on 09/25/2013 when it was documented that the injured worker was awaiting authorization for surgical intervention. Physical findings included an antalgic gait, a positive straight leg raising test, and subtle weakness of the left extensor hallucis longus with no new motor strength deficits. The injured worker's diagnoses included chronic low back pain, neurogenic claudication, and severe spinal stenosis at the L3-4, L4-5, and L5-S1. A request was made for a bone growth stimulator. The injured worker was evaluated on 10/29/2013 for a second opinion regarding surgical intervention. A multilevel fusion was recommended. A Letter of Appeal dated 11/19/2013 documented the injured worker was being scheduled for a posterior spinal fusion and laminectomy at the L3 through the S1 and that authorization for 3 months of a bone growth stimulator had been authorized. However, it was documented by the treating physician that no rental option was available for the bone growth stimulator and the bone growth stimulator would be used for up to 6 months to promote lumbar fusion and decrease the chance of nonunion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

■ **SPINAL PAK II BONE GROWTH STIMULATOR FOR PURCHASE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, Bone Growth Stimulator Section

**Decision rationale:** The requested ■■■ Spinal Pak II bone growth stimulator for purchase is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend the use of a bone growth stimulator when the injured worker undergoes multilevel fusion. The clinical documentation does indicate that the injured worker was scheduled for fusion surgery from the L3 through the S1. Therefore, the need for a bone growth stimulator to promote fusion for a multilevel surgical intervention would be appropriate. As such, the requested ■■■ Spinal Pak II bone growth stimulator for purchase is medically necessary and appropriate.