

Case Number:	CM13-0068790		
Date Assigned:	06/23/2014	Date of Injury:	02/01/2000
Decision Date:	08/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas and New York. 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 54-year-old male with a reported date of injury of 02/01/2000. The injury reportedly occurred when he hit a truck while driving a forklift. His diagnoses were noted to include lumbar radiculopathy, degeneration intervertebral disc to the lumbar spine, numbness, low back pain, paresthesias, displacement of lumbar intervertebral disc without myelopathy, right limb pain, radiculopathy, and sciatica. His previous treatments were noted to include medication, physical therapy, back brace, epidural steroid injections, and facet blocks. The progress note dated 12/06/2013 revealed the injured worker complained of ongoing symptoms that consisted of pain to the low back that was constant in the right side of the low back and pain all the way down the right leg, with numbness and weakness of the right leg noted. The physical examination revealed positive tenderness to the right paraspinal muscles. The range of motion was noted to be lateral bending was to 10 to 20 degrees with pain, extension to 10 to 20 degrees with mild pain, and on forward flexion, the injured worker was able to reach his knees. Motor strength was rated 5/5 bilaterally except for the right extensor hallucis longus was rated 5-/5. Sensation to light touch was intact bilaterally from L1 to S1 and reflexes were equal bilaterally. There was a positive straight leg raise noted. The Request for Authorization form dated 01/03/2014 was for a bone growth stimulator and fitting for lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR AND FITTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 stimulator.

Decision rationale: The request for a bone growth stimulator and fitting is not medically necessary. The injured worker was waiting for authorization for low back surgery. The Official Disability Guidelines state there is conflicting evidence, so case by case recommendations are necessary for some random controlled trials with efficacy for high risk cases with the recommendation of bone growth stimulators. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risks cases. There is no consistent medical evidence to support or refute the use of these devices for improving injured worker outcomes; there may be beneficial effect on fusion rates in injured workers at high risk, but this has not been convincingly demonstrated. The guidelines criteria for invasive or noninvasive electrical bone growth stimulators are 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 any of the following risk factors for failed fusion: 1 or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiographs. The injured worker is awaiting authorization for a spinal fusion surgery and the guideline criteria for an electrical bone growth stimulator has not been met by the injured worker. Therefore, the request is not medically necessary.