

Case Number:	CM13-0069024		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2012
Decision Date:	05/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 claimant is a 55-year-old female who suffered a vocationally related injury to her low back when she slipped and fell at work on 12/20/12. The records reflect that she has been through extensive treatment for the back and lower extremity pain. Radiographs have documented evidence of degenerative changes in the lumbar spine as well as isthmic spondylolisthesis at L5-S1. In spite of failure of conservative care, which has included chiropractic care, physical therapy, medical management, and activity modification, she has continued to experience ongoing difficulties. It has been recommended that she undergo fusion for her grade 1 spondylolisthesis. According to the Utilization Review process, she has been deemed a reasonable candidate to proceed with the surgery. The request was to determine the medical necessity of a 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 (BGS): 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),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back, Bone Growth Stimulator.

Decision rationale: The MTUS/ACOEM Guidelines do not discuss the indications for bone growth stimulator. The Official Disability Guidelines (ODG) states that bone growth stimulators may be indicated in cases where the patients have a prior failed fusion or significant risk factors for nonunion such as smoking, obesity, or other comorbidities. The clinical records from her treatment surgeon do not document any of these risk factors. The patient is reportedly 5' 3" and weighs 135 pounds. She has a history of hypertension. There is no prior history of nonunion or other comorbidities. There is no smoking history documented. The request for a bone growth stimulator is not medically necessary and appropriate.