MAXIMUS Federal Services

Case Number:	CM13-0070021		
Date Assigned:	01/03/2014	Date of Injury:	01/16/2012
Decision Date:	06/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 Texas. 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 63 year old male who reported an injury on 01/16/2012; the mechanism of injury was not provided in the clinical documentation. The patient reported pain to the bilateral lower extremities and low back. Per the clinical note dated 09/18/2013 an EMC/NCS was performed which showed no clear acute lumber nerve root impingement. Per the clinical note dated 11/19/2013 the patient had 1-2+ lumbar paraspinous muscle spasm, tenderness to palpation to the low back, and a negative straight leg raise bilaterally. Diagnoses included adjacent level stenosis at L2-L3 with neurogenic claudication, status post lumbar interbody fusion at L3-L4, L4-L5, L5-S1. The request for authorization for medical treatment was dated 11/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH 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)

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 (BGS).

Decision rationale: According to the Official Disability Guidelines (ODG) invasive or non-invasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery if any of the following risk factors for failed fusion are present: 1) previously failed spinal fusion, 2) grade III or worse spondylolistesis, 3) fusion to be performed at more than 1 level, 4) current smoker, 5) diabetes, renal disease, or alcoholism, 6) significant osteoporosis per radiographs. In this case, medical records did not not indicate that the injured worker had a previous failed fusion, grade III or worse spondylolistesis, fusion to be performed at more than 1 level. Additionally, there was not indication if the employee is a current smoker, had a diagnosis of diabetes, renal disease, or alcoholism, and it did not indicate if the patient has significant osteoporosis per radiographs. The employee does not meet the above criteria and it was noted only a fusion at 1 level was recommended. Therefore, the request for a Bone Growth Stimulator is not medically necessary and appropriate.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines specific criteria is required for the use of a TENS unit. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed, other ongoing pain treatment should also be documented during the trial period. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The MTUS guidelines recommend a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, there is a lack of documentation indicating other pain modalities have been tried beyond medication. An aqua-therapy program was ordered; however, there is a lack of documentation as to the completion or efficacy of this program. In addition, there is a lack of documentation regarding a trial of the TENS unit for 30 days as well as the documented efficacy of the unit during the trial. The request for a TENS unit is not medically necessary and appropriate.