

<b>Case Number:</b>	CM13-0070712		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, Pain Medicine 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 44 year old male whose date of injury is 12/30/11. The mechanism of injury is described as a motor vehicle accident. Treatment includes epidural steroid injections, physical therapy, acupuncture and chiropractic treatment. The injured worker subsequently underwent anterior lumbar discectomy and fusion at L5-S1 on 11/19/13. The injured worker denied use of tobacco and stated that he had not undergone any prior surgeries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHME STIMULATOR (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 Chapter, Bone-growth stimulators (BGS).

**Decision rationale:** The injured worker subsequently underwent anterior lumbar discectomy and fusion at L5-S1 on 11/19/13. The Official Disability Guidelines would support bone growth stimulator for injured workers with risk factors for failed fusion to include 1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be

performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. The submitted records fail to establish that the injured worker presents with any of these risk factors. Based on the clinical information provided, the request for PHME stimulator (bone growth stimulator) is not medically necessary.