MAXIMUS Federal Services

Case Number:	CM13-0071305		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2011
Decision Date:	06/10/2014	UR Denial Date:	12/03/2013
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:

According to the records made available for review, this is a 57-year-old male with a 4/12/11 date of injury. At the time (12/3/13) of request for authorization for bone growth stimulator, there is documentation of subjective (low back complaints) and objective (pain across the L5 distribution, decreased sensation in the left L5 distribution) findings, current diagnoses (lumbar discogenic disease at L4-5 and L5-S1; lumbar annular tear at L4-5 level; per MRI stenosis at L4-5 and L5-S1 levels, retrolisthesis grade 1 at L5-S1 level), and treatment to date (medications, physical therapy, and ESIs). 11/21/31 RFA and 10/14/13 medical report identified a request for lumbosacral fusion surgery at L4-S1 level. There is no documentation that bone growth stimulation will be used as an adjunct to spinal fusion surgery.

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), Low Back (Acute and Chronic), Procedure Summary Criteria for use for Invasive or Non-Invasive Electrical Bone Growth Stimulators.

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: MTUS does not address this issue. ODG identifies documentation of either invasive or noninvasive methods of electrical bone growth stimulation as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion (One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes; Renal disease; Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs), as criteria necessary to support the medical necessity of bone stimualtion. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic disease at L4-5 and L5-S1; lumbar annular tear at L4-5 level; per MRI stenosis at L4-5 and L5-S1 levels, retrolisthesis grade 1 at L5-S1 level. In addition, there is documentation of a request for lumbosacral fusion surgery at L4-S1 level. However, given no clear documentation of a pending surgery that is medically necessary, there is no documentation that bone growth stimulation will be used as an adjunct to spinal fusion surgery. Therefore, based on guidelines and a review of the evidence, the request for Bone Growth Stimulator is not medically necessary.