

Case Number:	CM14-0006591		
Date Assigned:	01/22/2014	Date of Injury:	12/14/2010
Decision Date:	12/26/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 Spine Surgery, and is licensed to practice in 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 patient is a 50-year-old male with a date of injury of December 14, 2010. The patient a previous L5-S1 microdiscectomy 2008. The patient has chronic low back pain radiating to the left leg. Physical examination shows tenderness to muscle palpation lumbar spine. There is decreased lumbar range of motion. This 4-5 strength in the left peroneal muscles. There is decreased sensation of the left S1 dermatome. Straight leg raising is positive on the left. CT scan from September 2013 shows grade 1 spondylolisthesis. The patient has bilateral L5 spondylolysis. The patient has indicated for anterior lumbar fusion of L5-S1. At issue is whether bone stimulator is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator unit purchase: 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), Neck and Upper Back Chapter, Bone growth stimulators (BGS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back Chapter, MTUS low back chapter

Decision rationale: This patient does not meet established criteria for bone stimulator use. Specifically, the medical records do not indicate that this patient has any risks factors for nonunion for single level lumbar spinal surgery. In addition the patient has only been indicated for single level spinal fusion. Bone growth stimulator purchase is not medically necessary.