

Case Number:	CM14-0007724		
Date Assigned:	05/28/2014	Date of Injury:	07/19/2007
Decision Date:	07/28/2014	UR Denial Date:	12/11/2013
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 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 55-year-old woman with a date of injury of July 19, 2007. The patient has chronic back pain. The physical examination showed tenderness to palpation lumbar spine. The lumbar range of motion is reduced. The motor exam showed weakness in left dorsiflexion, right hip flexion, and knee extension. Sensation was diminished on the left lateral shin and foot. An MRI from October 2013 show at L2-3 disc bulge. There is mild canal narrowing at L2-3. At L3-4 there was significant canal stenosis with degenerative changes. At L4-5 with severe spinal stenosis. At L5-S1 there was no significant narrowing. The patient has had conservative measures without improvement. At issue is whether L3-5 lumbar fusion and bone growth stimulator are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of One Post Operative External Bone Growth Stimulator to Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The use of a bone growth stimulator is not medically necessary. The lumbar fusion surgery is not medically necessary in this patient. The patient does not have a diagnosis as

consistent with guidelines for lumbar fusion surgery. There is no documented instability, fracture, or tumor. This lumbar fusion surgery is not medically necessary, then the use of a postoperative bone growth stimulator is not medically necessary. The surgery and bone growth stimulator use are not needed. As such, the request is not medically necessary.