

Case Number:	CM14-0100464		
Date Assigned:	08/18/2014	Date of Injury:	04/18/2013
Decision Date:	10/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and MRI imaging of the lumbar spine of April 22, 2013, reportedly notable for an 8 x 5 mm disk protrusion with associated S1 nerve root impingement. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for a postoperative bone stimulator for the lumbar spine. Overall rationale was sparse. No clear rationale to support the denial was furnished. In an April 25, 2014 progress note, the applicant reported persistent complaints of low back pain. It was suggested that the applicant was off of work and had a known, large 8-mm disk herniation which had proven recalcitrant to time, medications, acupuncture, and epidural steroid injection therapy. Authorization was sought for an L5-S1 lumbar fusion procedure with associated DME to include postoperative bone stimulator. The applicant's past medical history was not seemingly taken on this occasion. In a December 3, 2013 note, it was suggested that the applicant was using Norco, Cymbalta, melatonin, and Advil. The applicant did not apparently have any medical comorbidities such as diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative bone stimulator for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index, 12th Ed. (web). 2014, Low-Back-Hospital length of stay (LOS), Back brace, post operative (fusion); Bone growth stimulator(BGS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Bone Growth Stimulators

Decision rationale: The MTUS does not address the topic. While ODG's Low Back Chapter Bone Growth Stimulators topic does support usage of bone growth stimulators in applicants with risk factors for a failed fusion surgery such as a history of prior failed spinal fusion, grade 3 or worse spondylolisthesis, a fusion to be performed at more than one level, current smokers, diabetics, those with renal insufficiency, alcoholics, and/or osteoporotic individuals, in this case, however, it did not appear that the applicant carries any of the aforementioned risk factors. The applicant is 32 years old. The applicant does not have any evidence of known osteoporosis. There is no mention of grade 3 or worse spondylolisthesis. The applicant does not have any comorbidities such as smoking, diabetes, renal insufficiency, alcoholism, etc. A one-level L5-S1 fusion surgery is contemplated. It does not appear, thus, that the applicant has any risk factors for a failed fusion which would compel provision of the bone stimulator device. Therefore, the request is not medically necessary.