MAXIMUS Federal Services

Case Number:	CM14-0105095		
Date Assigned:	07/30/2014	Date of Injury:	01/26/2011
Decision Date:	10/31/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 26, 2011.Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; subsequent revision fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for an external bone stimulator for the low back. The claims administrator stated that the applicant had undergone hardware removal surgery and revision arthrodesis at the L3-S1.The applicant's attorney subsequently appealed, but, somewhat interestingly, wrote 'surgery of the external bone stimulator' in its IMR application. In a March 12, 2014 medical-legal evaluation, it was noted that the applicant had undergone an L3-S1 revision posterior lumbar arthrodesis from L3-S1. The applicant was still using a cane. 9 to 10/10 pains were noted. The applicant stated that the surgery only helped matters by 10%. The applicant was using Neurontin, Norco, and Ambien, it was stated. The applicant stated that his depression and anxiety were worsened. The applicant was not working and was receiving disability benefits, it was noted. The applicant was also using topical Terocin; it was stated in other section of the report. The medical-legal evaluator suggested that X-Rays performed in the clinic demonstrated early bone consolidation at L4-L5 without evidence of a full fusion. It was stated that additional time was needed for the fusion to consolidate. In a primary treating provider note dated May 21, 2014, the applicant's primary treating provider, a spine surgeon, stated that he was requesting formal authorization for an 'external bone stimulator' because there was no evidence of solid fusion after an earlier multilevel arthrodesis procedure. The applicant was placed off work, on total temporary disability. Additional 18 sessions of postoperative physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for External Bone Stimulator: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Bone Growth Stimulator topic

Decision rationale: Yes, the request for an external bone stimulator is medically necessary, medically appropriate, and indicated here.The MTUS does not address the topic. However, as noted in ODG's Low Back Chapter, Bone Growth Stimulators topic, criteria for usage of bone growth stimulators include evidence of a fusion to be performed at more than one level as well as evidence that an applicant has undergone one or more previously failed spinal fusions. In this case, the applicant had, in fact, undergone a previous failed spinal fusion surgery. The applicant did undergo revision fusion surgery at L3-S1. Both the applicant's primary treating provider and medical-legal evaluator suggested that the fusions had only incompletely consolidated and that a bone growth stimulator was needed to promote further fusion consolidation. Provision of a bone growth stimulator is therefore indicated. Accordingly, the request is medically necessary.