

Case Number:	CM14-0012224		
Date Assigned:	04/16/2014	Date of Injury:	05/05/1993
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

The injured worker is an 80-year-old individual who sustained an injury in May 1993. The mechanism of injury is not specified. Additional physical therapy was recently not certified in the preauthorization process. The current diagnosis is listed as back pain, lumbar disc disease, lumbar spondylosis and Parkinson's disease. A lumbar fusion procedure was completed in January 2014. Thirty four sessions of postoperative physical therapy have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOFIX BONE GROWTH STIMULATOR - LUMBAR (EO748): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Neurosurg Focus, The Use of Electrical Stimulation to Enhance Spinal Fusion

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; updated June, 2014

Decision rationale: It is noted that the California Medical Treatment Utilization Schedule (CAMTUS) does not address this device. Referral to the Official Disability Guidelines is noted. While noting there is conflicting evidence, there needs to be objectification of a failure of the

lumbar fusion mass to heal according to Official Disability Guidelines. Based on the progress of presented for review this topic is not addressed. As such, there is insufficient clinical information presented to support this request.