

<b>Case Number:</b>	CM14-0118765		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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:

This is a 54-year-old female with a 6/10/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/23/14, the patient was seen for follow up for her continued back pain with numbness down the left lower extremity to the L4 nerve root distribution. The patient is status post L5-S1 right-sided laminectomy on 5/15/13. The provider is requesting authorization for lumbar spine fusion for her chronic back pain and lower extremity radiculopathy. Objective findings: positive tenderness and muscle spasm over paracervical musculature, positive tenderness in the paralumbar musculature with muscle spasms, positive tenderness over anterior aspect of shoulder, pain with external rotation of hip. Diagnostic impression: status post lumbar spine decompression, failed lumbar surgery, radiculopathy left lower extremity, cervical strain, degenerative disc disease cervical spine, right shoulder impingement syndrome, status post left shoulder arthroscopy, left shoulder tendinitis, status post bilateral upper extremity surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase one spinal bone stimulator.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lower Back Chapter Bone; Growth Stimulator

**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, Bone Growth Stimulator

**Decision rationale:** The CA MTUS does not address this issue. The ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. According to the 5/23/14 progress note, the provider is requesting authorization for lumbar spine fusion. There is no documentation that the patient has failed spinal fusion surgery. In addition, the request for the purchase of a spinal bone stimulator was modified by a prior UR decision dated 7/1/14 to a 3-month rental. A specific rationale as to why the patient required a purchase was not provided. Therefore, the request for Purchase one spinal bone stimulator was not medically necessary.