

Case Number:	CM14-0125715		
Date Assigned:	08/13/2014	Date of Injury:	09/04/2012
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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 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:

This is a 44-year-old male with a 9/4/12 injury date. He was carrying 100 pounds of dolly track and stepped off on a curb and there was a hole, which gave way and he collapsed with low back pain. The patient has a history of lumbar fusion at L5-S1 in 2003. In a follow-up on 7/9/14, subjective complaints included a pain crisis with severe low back pain. Objective findings included severe muscle spasm and tenderness along the lower portion of the back, strength testing was within normal limits, and there was more pain with lumbar flexion than extension. A lumbar MRI (no date given) showed L5-S1 fusion with adjacent level disease at L4-5. Diagnostic impression: lumbar degenerative disc disease, lumbar spondylolisthesis. Treatment to date: L5-S1 fusion (2003), epidural steroid injections, medications. A UR decision on 7/23/14 denied the request for Orthofix bone growth stimulator on the basis that the requested adjacent level lumbar fusion surgery was not certified, therefore, the post op bone stimulator was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthofix Bone Growth 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: Treatment in Workers Comp 18th Edition, 2013 Updates, Low Back Chapter- Bone Growth Stimulator Official Disability Guidelines; Knee and Leg Chapter.

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.

Decision rationale: CA MTUS does not address this issue. ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. The patient does not appear to have any of the above risk factors. Although he used to smoke, the medical exam on 12/18/13 states that he stopped smoking in July 2012. Therefore, the request for Orthofix bone growth stimulator is not medically necessary.