

<b>Case Number:</b>	CM14-0127685		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56 year old male was reportedly injured on May 19, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated July 11, 2014 indicated that there were ongoing complaints of constant low back pain. The physical examination demonstrated a 5'8", 185 pound individual who is borderline hypertensive (139/81), in no acute distress, with the gait pattern reported to be intact, palpable muscle spasm noted in the lower lumbar spine and a decreased lumbar spine range of motion. There was no evidence of instability on physical examination. Diagnostic imaging studies were not presented for review. Previous treatment included lumbar surgery, multiple medications, and other pain management interventions. A request was made for a bone stimulator and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Stimulator - Purchase for the Lumbar Spine:** 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 for Worker Compensation ,Low back.

**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 August 2014.

**Decision rationale:** The parameters noted in the Official Disability Guidelines (ODG) were used. However, there is no evidence of a nonunion of a long bone, or a delayed union with a lumbar fusion procedure. Therefore, based on a lack of clinical information presented for review, the request is not medically necessary.