

Case Number:	CM14-0136565		
Date Assigned:	09/03/2014	Date of Injury:	08/09/2012
Decision Date:	10/09/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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 a 59 year old male who was injured on August 9, 2012. The mechanism of injury is a motor vehicular accident. The diagnoses listed as degeneration of lumbar or lumbosacral intervertebral disc. The most recent progress note dated 7/2/14, reveals complaints of neck and back pain, with worsening low back pain. Physical examination reveals lumbar spine spasm present, pain at L3 to L5, positive muscle atrophy, positive Lasegue bilaterally, positive straight leg raise test to 50 degrees bilaterally, weakness at 4/5 bilaterally, painful and limited range of motion. Diagnostic imaging studies entail lumbar x-ray which showed fusion at L5 to S1. Prior treatment includes medications, twenty four sessions of physical therapy, and several lumbar epidural steroid injections. Current medications are noted as Norco and Fentanyl patch, pain is 8 out of 10 on visual analog scale (VAS) score, and a 10 out of 10 without medications. On 07/25/14 INJURED WORKER underwent lumbar laminectomy and fusion. A prior utilization review determination dated August 1, 2014 resulted in denial of one bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 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 for Workers' Compensation, Online Edition, Low Back 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, Bone Growth Stimulators

Decision rationale: The injured worker underwent lumbar laminectomy and fusion on 07/25/14. The injured worker did not have any of the risk factors for failed fusion including grade three or higher spondylolisthesis, or metabolic abnormalities. Even though the injured worker underwent two level fusion on 07/25/14 he was not considered a high risk for failed fusion. In addition the guidelines note that there is no consistent medical evidence to support or refute use of these devices for improving patient outcomes although there may be a beneficial effect on fusion rates in patients at "high risk". Therefore in light of the above, the request is not medically necessary and the denial is upheld.