

Case Number:	CM14-0152673		
Date Assigned:	09/22/2014	Date of Injury:	05/15/1989
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 Spine Surgery and is licensed to practice in Texas. 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 58-year-old male who reported an injury of an unknown mechanism on 05/15/1989. On 09/25/2014, his diagnoses included chronic intractable axial low back and bilateral lower extremities pain, greater on the right side than on the left; status post right sided L5-S1 laminectomy in 1993; lumbar degenerative disc disease at L4-5 and L5-S1 with severe canal stenosis at L4-5; post laminectomy syndrome status post L5-S1 laminectomy; equivocal weakness of the right gastrosoleus; diverticulitis; moderately severe central stenosis and moderate bilateral foraminal stenosis at L3-4; severe central stenosis at L4-5 with significant facet hypertrophy; and severe bilateral foraminal stenosis at L5-S1 with a disc osteophyte complex displacing the right S1 nerve root. He had undergone a right knee arthroscopy at the beginning of 08/2014. The treatment plan included surgery to indirectly decompress the nerves at L4-5 and stabilize the L4-5 segment with an anterior lumbar interbody fusion. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator - purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 8/22/14)

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 - Lumbar and Thoracic, Bone growth stimulators (BGS).

Decision rationale: The request for a bone growth stimulator purchase is not medically necessary. Per the Official Disability Guidelines, bone growth stimulators (BGS) are under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases. Patients with any of the following risk factors for failed fusion would be considered high risk: 1 or more previously failed spinal fusions; grade 3 or worse spondylolisthesis; fusion to be performed at more than 1 level; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis which has been demonstrated on x-rays. There was no indication in the submitted documentation that this injured worker had any of the above risk factors. The need for a bone growth stimulator was not clearly demonstrated in the submitted documentation. Therefore, this request for a bone growth stimulator purchase is not medically necessary.

In Office Fitting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for an in office fitting is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, a clinician activities as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. It not clear from the request what is to be fitted on this injured worker. Also, there was no body part specified in the request. The clinical information submitted failed to meet the evidence based guidelines for an office visit. Therefore, this request for an in office fitting is not medically necessary.