

Case Number:	CM14-0154822		
Date Assigned:	09/24/2014	Date of Injury:	01/02/2006
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine 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:

The injured worker is a 55 year-old male, who sustained an injury on December 28, 2005. The mechanism of injury is not noted. Diagnostics have included: May 28, 2014 lumbar x-rays reported as not showing solid fusion. Treatments have included: December 3, 2013 lumbar interbody fusion with bone grafting instrumentation, medications. The current diagnoses are: shoulder tendonitis/bursitis, wrist tendonitis/bursitis, knee sprain/strain, cervical radiculopathy, lumbosacral radiculopathy. The stated purpose of the request for External Bone Stimulator was to expedite bone fusion and to avoid pseudoarthrosis. The request for External Bone Stimulator was denied on February 18, 2014, citing a lack of documentation of current cigarette smoking. Per the report dated January 8, 2014, the treating physician noted complaints of low back pain. Exam findings included lumbar tenderness, spasm and restricted range of motion. The treating physician also documented a history of 20 pack-years of cigarette smoking but has not smoked for one year. Per the report dated May 28, 2014, the treating physician noted that the injured worker is six months post lumbar fusion without evidence of a solid fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

External 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, Low Back - Lumbar & Thoracic (Acute & Chronic): Bone Growth Stimulators (BGS)

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 & Thoracic (Acute & Chronic), Bone Growth Stimulators (BGS)

Decision rationale: CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Growth Stimulators (BGS), note "bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs." The injured worker has low back pain. The treating physician has documented lumbar tenderness, spasm and restricted range of motion. The treating physician also documented that patient has a history of 20 pack-years of cigarette smoking but has not smoked for one year. Per the report dated May 28, 2014, the treating physician noted that the injured worker is six months post lumbar fusion without evidence of a solid fusion. The treating physician has not documented the presence of any of the aforementioned criteria for recommended use of a bone growth stimulator, including current smoking. The criteria noted above not having been met, External Bone Stimulator is not medically necessary.