

Case Number:	CM14-0155839		
Date Assigned:	09/25/2014	Date of Injury:	12/13/2010
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/23/2014

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:

The claimant is a 58 year old gentleman who sustained an injury to the low back on 12/13/10. The medical records provided for review documented that the claimant has been authorized to undergo an anterior lumbar interbody fusion at the L4-5 level. The medical records documented a history of a prior lumbar decompression, but no prior history of a fusion. There is also documentation for authorization for the use of an assistant surgeon. This review is for requests in direct relationship to the approved surgery for a preoperative consultation with the assistant surgeon and postoperative use of a Bone Growth Stimulator with associated supplies and fitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Co Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for consultation with co-surgeon would not be indicated. An assistant surgeon is recommended in this case, however,

there is no current indication for preoperative assessment with the surgeon. This claimant's current diagnosis and need for operative procedure have already been well established. The assistant surgeon will benefit the surgical process itself, but in no way would a consultation prior to procedure be indicated and/or necessary.

Bone growth stimulator QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014, Low Back, 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 Chapter: Bone growth stimulators (BGS).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at the Official Disability Guidelines, the request for a Bone Growth Stimulator is not recommended as medically necessary. The claimant fails to meet any Official Disability Guideline criteria that would support the use of a Bone Growth Stimulator. He is undergoing a one level, isolated lumbar fusion with no history of prior fusion or underlying comorbidity that would support the use of the above device. Request in this case would not be indicated.

Fitting in offices is application and instructions of Bone Growth Stimulatory QTY:1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014, Low Back, Bone Growth Stimulators (BGS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for a Bone Growth Stimulator is not recommended as medically necessary. Therefore, the request for fitting of the Bone Growth Stimulator and instruction is also not medically necessary.