

Case Number:	CM14-0159134		
Date Assigned:	10/02/2014	Date of Injury:	04/01/2013
Decision Date:	10/28/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 patient is a 56-year-old male with a date of injury of April 1, 2013. The patient has chronic back pain. Physical examination shows diminished deep tendon reflexes and mild tenderness and spasm to the lumbar spine. There is no motor or sensory deficit in the bilateral lower extremities. Straight leg raising is positive on the left side. Patient has an antalgic gait. MRI from 2013 shows L4-5 central disc extrusion with nerve root compression bilaterally. At L5-S1 there is a normal disc. The patient has chronic back pain. Patient has been indicated for anterior and posterior L4-5 fusion. At issue is whether bone graft stimulator is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index 12 edition (web), 2014 Low back , Fusion (spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back chapter

Decision rationale: This patient does not meet established criteria for bone growth stimulator. Specifically, only one level of the spine has been proposed for fusion. Additionally, the medical records do not identify any significant medical risk factors for nonunion or failure fusion. The patient has not had previous fusion surgery that has failed. Criteria for bone growth fusion stimulator not met. Only one segment of the spinous to be fused and the patient has no significant risk factors for failure fusion.