

Case Number:	CM14-0162170		
Date Assigned:	10/07/2014	Date of Injury:	05/26/2011
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 51 year old male with previous back surgery who injured his low back at work on 05/26/2011. The injured worker is reported to be complaining of severe back pain that radiates to the left leg. The pain is 7/10, associated with weakness that makes him drag his leg. The injured worker has difficulty sitting, standing, sleeping, and walking. The physical examination was positive for limited range of motion of the lumbar spine, severe tenderness in the low back, positive straight leg raise on the left, weakness of the left toe extensor and left ankle flexor, and decreased sensation in the bilateral L5 dermatome. The MRI of 06/06/14 revealed spondylolisthesis at L4-L5 with severe central foraminal stenosis. There were post-operative changes in the L5-S1. The injured worker has been diagnosed of Lumbar strain and sprain; Thoracic/ Lumbosacral Neuritis/radiculitis; Congenital spondylolisthesis. Treatments have included Epidural steroid injections, Motrin. At dispute is the request for Ortho Fix Bone Growth Stimulator [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO FIX BONE GROWTH STIMULATOR [REDACTED] :
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 stimulator (BGS)

Decision rationale: The injured worker sustained a work related injury on 05/26/2011. The medical records provided indicate the diagnosis of Lumbar strain and sprain; Thoracic/ Lumbosacral Neuritis/radiculitis; Congenital spondylolisthesis. Treatments have included Epidural steroid injections, Motrin. The medical records provided for review do not indicate a medical necessity for ortho fix bone growth stimulator [REDACTED]. The MTUS makes no reference to the topic, but the Official Disability Guidelines recommends it as an adjunct to spinal fusion surgery in individuals with failed fusion who also have: (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; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Although the injured worker had prior back surgery, he was pain free from 2001 to 2011 when he had the injury, so he cannot be said to be a case of failed back surgery. Also, the spondylolisthesis is said to be congenital, therefore it is not related to the injury. Therefore, the requested treatment is not medically necessary.