

Case Number:	CM14-0169155		
Date Assigned:	10/17/2014	Date of Injury:	11/11/2010
Decision Date:	11/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 spinal 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 has chronic low back pain. He has a history of lumbar fusion in 2011. He continues to have chronic back pain and bilateral lower extremity pain. Patient had a CT scan of the lumbar spine in July 2013 that shows evidence of previous fusion of L3-S1 levels. The patient has continued bilateral severe neural foraminal stenosis at multiple levels. The patient has disc protrusions at multiple levels. The patient has been diagnosed with pseudoarthrosis and fell fusion at L4-S1. The patient is also been diagnosed with multiple levels of foraminal stenosis. Medical records indicate that the patient continues to have chronic back and leg pain. At issue is whether bone growth stimulator is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Purchase of a lumbar spinal bone growth 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 (ODG): Lumbar Chapter, Bone Growth Stimulator (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 pain chapter

Decision rationale: The medical records do not containing imaging study that clearly documents failure fusion. The CT scan as read by the radiologist does not comment on failure fusion. Imaging studies do not document broken hardware. The diagnosis of pseudoarthrosis has not been include establish an existing medical record. Since the diagnosis of pseudoarthrosis has not been clearly established, there is no need for revision surgery and bone growth stimulator. Criteria for bone growth stimulator not met.