

Case Number:	CM14-0177780		
Date Assigned:	10/31/2014	Date of Injury:	05/31/2002
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 Surgeon, and is licensed to practice in New Jersey. 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 46-year-old male who reported an injury on 05/31/2002. The mechanism of injury was not submitted for clinical review. The diagnoses included status post recent anterior posterior lumbar fusion from L4 through L5, history of intractable lumbar pain and radiculopathy. The previous treatments included medication, lumbar fusion, and physical therapy. Within the clinical note dated 08/14/2014, it was reported the injured worker underwent a lumbar fusion from L4-5 through S1. He did not report any complications, and has been recovering slowly. On the physical examination, the provider stated the injured worker to be on an electrical scooter. The provider recommended the injured worker to continue medications for pain. The request was submitted for 1 electrical bone spinal stimulator. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electrical bone spinal 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

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, Bone Growth Stimulator.

Decision rationale: The request for 1 electrical bone spinal stimulator is not medically necessary. The Official Disability Guidelines note bone growth stimulators are under study, conflicting evidence so case by case recommendations are necessary. Criteria for bone growth stimulators include either invasive or noninvasive methods of electrical 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, including 1 or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis which has been demonstrated on radiographs. There is lack of documentation indicating the injured worker had previously had a failed spinal fusion. There is lack of imaging studies corroborating the diagnosis of a grade 3 or worse spondylolisthesis. There is lack of documentation indicating the injured worker is diabetic or is a current smoker, or has renal disease. Therefore, the request is not medically necessary.