

<b>Case Number:</b>	CM14-0182731		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 43-year-old with the date of injury of August 22, 2012. The patient has chronic back pain. The patient has had conservative measures including medications, physical therapy, acupuncture, chiropractic care and injections without relief. MRI the lumbar spine shows disc degeneration at L5-S1. There is a small herniation at L5-S1. X-ray of the lumbar spine shows disc space narrowing at L5-S1 with 5 mm of spondylolisthesis. Flexion-extension views show 5 mm of motion. The patient has been indicated for lumbar fusion surgery. At issue is whether bone growth stimulator and muscle stimulator 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: 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), 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back, ODG low back chapter

**Decision rationale:** This patient does not meet establish criteria for bone growth stimulator. The medical records do not document any risks factors for nonunion. The patient does not have failure of previous fusion surgery. The patient is only scheduled to have one level fusion surgery. Established criteria for bone growth stimulator not met.

**Associated surgical service: Muscle 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), Low Back, Neuromuscular Electrical Stimulators

**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 chapter, ODG low back chapter

**Decision rationale:** Guidelines do not recommend the use of muscle stimulator to treatment of chronic low back pain. Medical literature does not support the use of muscle stimulation before after lumbar spine surgery. Medical literature does not support the use of muscle stimulator for chronic low back pain. Muscle stimulation is not medically necessary.