

Case Number:	CM14-0020302		
Date Assigned:	04/25/2014	Date of Injury:	12/01/2012
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 California. 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:

This claimant is a 45-year-old gentleman who sustained an injury to the low back on December 1, 2012. Records provided for review indicate that following a course of conservative care, a one level L5-S1 interbody fusion took place on December 3, 2013. Following surgery, the purchase of a bone growth stimulator was recommended. Review of the claimant's clinical records failed to identify a history of smoking or past medical history significant for alcoholism, renal disease or diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC)-Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - Bone Growth Stimulators (BGS).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the use of bone growth stimulators. According to the Official Disability Guidelines, a bone growth stimulator for an isolated one level fusion is not indicated. The ODG Guidelines would only support the use of a bone growth stimulator for a one level fusion if the patient had a history of diabetes, renal disease, alcoholism or a current smoking habit. These factors do not appear to be present in this individual according to the records provided for review. The purchase of a bone growth stimulator for a one level lumbar fusion would not be supported.