

<b>Case Number:</b>	CM14-0020566		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/15/1989
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

The claimant is a 57 year old male who sustained an injury to the low back in a work related accident. The clinical records provided for review indicate that in August of 2013 the claimant underwent bilateral sacroiliac joint fusion with internal fixation. Records also indicate this individual has previously undergone a lumbar fusion with hardware from T11 through S1; however, the date of the procedure is unclear. A recent 01/07/14 progress report noted subjective complaints of continued low back pain and noted improvement since the time of sacroiliac joint arthrodesis. Objectively there was restricted range of motion due to the prior surgery with no documentation of neurologic findings. The report documents that prior imaging identified a broken pedicle screw at the T11 level. There are no imaging reports to confirm these findings or identify instability, fracture or acute finding. This is a request for a TLSO brace and a bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TLSO BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**Decision rationale:** This individual's fusion occurred many years ago and the documentation provided for review indicates that a recent SI joint arthrodesis has improved pain related complaints. At present there would be no indication for the role of bracing in this individual who has no clinical evidence of an acute finding on lumbar examination or segmental instability to support the need for a TLSO brace. The specific request in this case would not be supported. As such, the request is not medically necessary and appropriate.

**BONE GROWTH STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The request for use of a bone growth stimulator cannot be recommended as medically necessary. The documentation indicated the claimant has a chronic pedicle screw fracture. There is no indication of an acute clinical finding that would support the role of a bone growth stimulator. This individual would fail to meet any ODG criteria for the use of the above device. The request is not medically necessary and appropriate.