

Case Number:	CM14-0022501		
Date Assigned:	05/09/2014	Date of Injury:	12/15/2007
Decision Date:	08/06/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/21/2014

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 60 year old male who suffered a vocational injury while working as a technician on 12/15/07 while climbing up a ladder carrying heavy equipment. The medical records provided for review include documentation that the claimant's current working diagnoses includes lumbar spinal myelopathy, lesion of the sciatic nerve, and chondromalacia and bursitis of the left knee. The report of the office visit dated 01/08/14 noted complaints of constant severe pain described as aching, throbbing and sharp and aggravated by kneeling, squatting, prolonged walking and lifting. The claimant reported numbness throughout the lumbar spine. On exam, he ambulated with a cane, +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L 3 to S 1, and the bilateral piriformus muscles. Kemp's test was positive bilaterally as was straight leg raise testing bilaterally. Left hamstrings reflex was decreased, as was the right. Bilateral Achilles reflex was also decreased. The L 5 dermatome was decreased on the right to light touch and the S1 dermatome was decreased on the right to light touch. The current request is for an Electrical Bone Stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL BONE STIMULATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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; 2013 Updates; Low Back chapter - Bone Growth Stimulators.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for electrical bone stimulation cannot be supported. The records provided for review document that utilization review determinations do not support surgical intervention in the form of an L3 - S1 fusion as medically necessary. Documentation is unclear as to why the request is for an Electrical Bone Stimulation Unit, as there is no documentation available for use suggesting that the claimant underwent recent surgical intervention in the form of a lumbar fusion of which sometimes a Bone Stimulator is requested. In addition, there continues to be a lack of documentation that the claimant is at high risk for development of non-union of the fusion, due to significant gross instability, chronic long term tobacco use, or any other identifiable risk factors for non-union following fusion surgery. Therefore, based on the documentation presented for review, and in accordance with Official Disability Guidelines, medical necessity has not been established for the request for an Electrical Bone Stimulation Unit.