

Case Number:	CM14-0025104		
Date Assigned:	06/11/2014	Date of Injury:	01/02/2006
Decision Date:	07/29/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 55-year-old male who reported an injury on 01/02/2006. The mechanism of injury was not provided for review. The injured worker ultimately underwent lumbar interbody fusion with bone grafting instrumentation at L5-S1 on 12/03/2013. The injured worker was evaluated on 01/08/2014. It was noted that the injured worker was recuperating well; however he had increasing pain of the low back. It was noted that the patient had a 20-year history of smoking; however, had quit smoking approximately 1 year ago. A request was made for an external bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGERY OF THE EXTERNAL BONE 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) Low Back Chapter, Bone Growth Stimulator (BGS).

Decision rationale: The requested surgery of the external bone stimulator is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address

this request. Official Disability Guidelines recommend a bone growth stimulator for patients who have had 1 or more previous failed spinal fusion, a grade 3 or worse spondylolisthesis, multilevel fusion, or a current smoking habit. The clinical documentation submitted for review does not provide any evidence that the patient is a current smoker, although there is a noted 20-year history. Additionally, the injured worker has no other risk factors that would require an external bone stimulator. There is no imaging evidence that the healing process of the fusion is not responsive to current treatment. As such, the requested surgery of the external bone stimulator is not medically necessary or appropriate.