

Case Number:	CM14-0031708		
Date Assigned:	06/20/2014	Date of Injury:	12/23/2002
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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 injured worker is a 62-year-old female who was reportedly injured on December 23, 2002. The mechanism of injury is noted as a fall off a ladder. The most recent progress note, dated May 27 2014, indicates that there are ongoing complaints of low back pain without radiculopathy. There was a slight flare of low back pain. The physical examination demonstrated a well-healed surgical scar and a normal neurological examination. Recommendations were to continue lumbar spine physical therapy. Norco, pantoprazole, and cyclobenzaprine were prescribed. Previous treatment includes an anterior lumbar fusion at L4/L5 on October 26, 2011. A request had been made for a bone growth stimulator and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Don Joy bone growth stimulator times 9 months rental: 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) bone growth stimulator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone growth stimulator, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a bone growth stimulator is only indicated after a previous failed spinal fusion, spondylolisthesis, fusion performed at more than one level, current smoker, diabetes, or osteoporosis. None of these conditions have been identified specifically for the injured employee. This request for the use of a bone growth stimulator for nine months is not medically necessary.