

Case Number:	CM14-0033554		
Date Assigned:	09/12/2014	Date of Injury:	06/02/2004
Decision Date:	10/10/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 6/2/04 date of injury. At the time (2/22/14) of the Decision for Durable Medical Equipment (DME)-bone growth stimulator, there is documentation of subjective (low back pain and bilateral lower extremity pain) and objective (antalgic gait, trace left ankle dorsiflexion, right ankle dorsiflexion of 4/5, decreased sensation over bilateral L4-5 region, and painful range of motion of lumbosacral spine) findings, current diagnoses (bilateral L3-S1 stenosis, L5-S1 spondylolisthesis, L4-S1 disc degeneration, and bilateral lumbar radiculopathy), and treatment to date (physical therapy, steroid injection therapy, and medications). Medical reports identify documentation of denial of request for L3-S1 bilateral laminotomy and posterior spinal instrumentation and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME)-bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)

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 stimulators (BGS)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of either invasive or noninvasive methods of electrical bone growth stimulation as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion (One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes; Renal disease; Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs), as criteria necessary to support the medical necessity of bone stimulation. Within the medical information available for review, there is documentation of diagnoses of bilateral L3-S1 stenosis, L5-S1 spondylolisthesis, L4-S1 disc degeneration, and bilateral lumbar radiculopathy. However, there is no documentation of pending surgery that has been certified. Therefore, based on guidelines and a review of the evidence, the request for Durable Medical Equipment (DME)-bone growth stimulator is not medically necessary.