MAXIMUS Federal Services

Case Number:	CM14-0034602		
Date Assigned:	06/20/2014	Date of Injury:	03/10/2010
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 Texas. 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 37-year-old female who reported an injury on 03/10/2010. The mechanism of injury is unknown. The injured worker complained of pain in the lower back that radiated to the right hip and lower extremity, with associated numbness and tingling. The pain increased with transition from sitting to standing and lying down. An examination of the bilateral lower extremities on 01/14/2014 was normal. She had decreased range of motion of the lumbar spine, right-sided paravertebral and sacroiliac joint tenderness, positive straight leg raise on the right, and an antalgic gait. An x-ray of the spine showed right-sided lumbar radiculopathy, and a range of motion inclinometry report revealed eight (8) percent whole body impairment in range of motion of the spine. Her diagnoses were degenerative disc disease, lumbar radiculopathy, and lumbar herniated nucleus pulposus. She had past treatments of an injection, post-operative physical therapy while in hospital, and oral medication. She is also status post laminectomy/discectomy in 2011 and on 02/12/2014. Her medications were naproxen and Omeprazole. The treatment plan is for DJO spinalogic bone growth stimulator. The request for authorization form was signed and dated 02/06/2014. There is no rationale for the request for DJO Spinalogic bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

DJO Spinalogic Bone Growth Stimulator: 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) Low Back (updated 02/13/2014), Bone growth stimulators (BGS).

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, bone growth stimulators (BGS).

Decision rationale: The injured worker complained of pain to the lower back and tail bone that radiated to the right hip and lower extremities with associated numbness and tingling. The pain increased with transition from sitting to standing and lying down. She had lumbar surgery on 02/12/2014. Her past treatments were injections, postoperative therapy while in the hospital, and oral medications. The Official Disability Guideline criteria for the use for invasive or non-invasive electrical bone stimulators, states that there needs to be one (1) or more previous failed spinal fusions, grade III or worse spondylolisthesis, fusion to be performed at more than one (1) level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis, which has been demonstrated on radiographs. There is no supportive documentation to prove that the injured worker meets the criteria listed, as she was not shown to have had a fusion surgery with specific risk factors for nonunion. Therefore, the request for DJO Spinalogic Bone Growth Stimulator is not medically necessary.