

<b>Case Number:</b>	CM14-0035429		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Internal Medicine 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 patient is an injured worker who is status post lumbar spine surgery. The patient was injured February 22, 2009 and diagnosed with chronic low back pain and underwent an L4-5 anterior lumbar interbody fusion. The progress report dated February 18, 2014 noted objective findings unchanged from previous with complaints of left leg numbness, tingling and weakness. X-rays noted hardware intact and in good position. Diagnoses included lumbar myoligamentous sprain and strain, lumbar disc disorder, and left lower extremity radicular symptoms. MRI magnetic resonance imaging dated August 17, 2009 demonstrated that at L4-L5, there was a 4 millimeter left paracentral herniation causing compromise of the left exiting nerve root. The patient underwent posterior lumbar interbody fusion at L4-L5 on June 19, 2013. The progress report dated December 11, 2013 documented mild to moderate distress secondary to his back pain and had an antalgic gait favoring the left lower extremity. Examination of the lumbar spine revealed tenderness to palpation along the lumbar musculature, left greater than right. Analgesic medications have been effective in managing his pain as well as enabling him to function on a daily basis. Trigger point injections were noted to be successful in providing him relief. Bone growth stimulator was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment: 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, Criteria for use for invasive or non-invasive electrical bone growth stimulators

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Bone growth stimulators (BGS). Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Low back -- lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Dec 4. <http://www.guideline.gov/content.aspx?id=47586>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Bone growth stimulators (BGS). Work Loss Data Institute guidelines for the low back (2013) state that bone growth stimulators (BGS) are under study and are not specifically recommended. Medical records document that L4-L5 lumbar fusion surgery was performed on June 19, 2013. The progress report dated February 18, 2014 noted that X-rays demonstrated that the hardware was intact and in good position. Work Loss Data Institute guidelines indicate that that bone growth stimulators (BGS) are not recommended. Therefore, the request for Durable Medical Equipment: Bone Growth Stimulator is not medically necessary.