MAXIMUS Federal Services

Case Number:	CM14-0035978		
Date Assigned:	06/23/2014	Date of Injury:	08/07/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 claimant is a 41-year-old gentleman who sustained a low back injury on 06/07/12. The records provided for review document that following a course of conservative care the claimant underwent a one level L4-5 decompression and interbody fusion on 03/28/13. A bone growth stimulator was recommended in the postoperative setting. However, the use of a bone growth stimulator was denied due to the lack of risk factors for the claimant and the fact the he was having a one level fusion. The assessment of 02/06/14 notes continued complaints of residual leg pain. Lumbar examination did not reveal any radiculopathy or neurologic deficit. Plain film radiographs showed documented to show good position of the implants at the L4-5 level with bone consolidation. The assessment documented that consolidation was "not as much as expected." The use of a bone growth stimulator is currently being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar bone 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 Chapter, Online Version.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the use of bone growth stimulators. The Official Disability Guidelines do not recommend the use of a bone growth stimulator over 16 months from time of surgical process. This individual underwent a one level lumbar fusion with current plain film radiographs demonstrating consolidation of bone. While the bone consolidation is noted to be "not as much as expected" there is no documentation that the claimant has a co-morbidity such as smoking, renal disease or Diabetes, or alcoholism for use of a stimulator at this chronic stage in claimant's postoperative course of care. The specific request of Lumbar bone stimulator, based on claimant's current clinical presentation, is not medically necessary and appropriate.