

Case Number:	CM14-0038056		
Date Assigned:	06/25/2014	Date of Injury:	04/22/2011
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 has a subspecialty in Sports Medicine 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 30-year-old female whose date of injury is April 22, 2011. The injured worker underwent anterior lumbar interbody fusion at L5-S1 on October 31, 2013. Progress report dated December 18, 2013 indicates that after eight weeks she is 50% better. Note dated February 24, 2014 indicates that the chief complaint is low back pain and bilateral leg pain rated is rated as 3/10. Incision is well-healed. Diagnoses are status post anterior lumbar interbody fusion at L5-S1, low back pain, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: low Back-Lumbar & Thoracic (Acute & Chronic) updated 3/18/2014).

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: The Official Disability Guidelines note that the use of bone growth stimulator is under study. The Official Disability Guidelines note that in selective cases, the use

of bone growth stimulation may be appropriate when injured workers present with risk factors for failed fusion to include 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 (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); Diabetes, Renal disease, Alcoholism; or significant osteoporosis which has been demonstrated on radiographs. The submitted records fail to establish that the injured worker presents with any significant risk factors for failed fusion. Therefore, Bone Stimulator is not medically necessary.