

Case Number:	CM14-0043155		
Date Assigned:	06/30/2014	Date of Injury:	12/24/2008
Decision Date:	09/17/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 55-year-old male who suffered work-related injuries on December 24, 2008. In a progress report dated February 18, 2014, it was indicated that he presented for pre surgical planning related to grade 2-3 unstable anterolisthesis at L5-S1. He complained of continued moderate to severe axial low back pain noted at baseline at 7/10 and with flare-ups at 9/10 which were on a daily basis. He was currently taking gabapentin and baclofen to stabilize his symptomatology. Objective findings included standing range of motion which was at 70-80 degrees. There were diminished left heel walking, toe walking, and heel-to-toe raising as well as deep knee bending, left foot drop, and broad-based gait. The seated straight leg raising test result was 70-80 degrees on both sides, with mild crossed findings on the right and ipsilateral nerve stretch. The sensory testing showed left greater than the right L5-S1 dermatomal sensory diminution. The motor examination revealed diminished muscle strength in all planes that were tested. The x-ray of the lumbar spine obtained on February 3, 2014 revealed conversion from grade 2 to grade 3 consistent with unstable L5-S1 spondylolisthesis on flexion-extension with bilateral pars defects. Electromyographic studies performed on February 12, 2014 showed left L5-S1 nerve root irritation, acute and chronic, left plantar sensory nerve crush injury, and left tibial motor nerve crush injury. He was recommended to undergo global arthrodesis L5-S1 to include L4 for rotoscoliosis and associated unstable retrolisthesis. He is diagnosed with (a) Grade 2 spondylolisthesis with bilateral pars fracture defect converting to Grade 3 on flexion-extension, which is unstable with confirmed left side greater than right radiculopathy associated with foraminal impingement; (b) compensatory L4-L5 rotoscoliosis and mild retrolisthesis; (c) complex regional pain syndrome, left calf and ankle secondary to electromyographic documented left tibial motor and left plantar sensory nerve crush injury; (d) left metatarsal fracture 2, 3, and 4 with chronic pain and sensory loss with open reduction internal fixation; (e)

ankle pain status post distal fibular fracture with diminished ankle range of motion and associated foot drop; (f) left knee internal derangement work up pending; (g) left calf, foot, and ankle skin ulcers, which is now healed with disfigurement scar tissue with possible superficial nerve entrapment; and (h) bilateral hip trochanteric bursitis. This is a review for the requested post operative external bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

External 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), Back - Bone growth stimulator (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 - Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: Evidence-based guidelines stated that the utilization of such kind of durable medical equipment is under study and that there is nothing in the documentation that supports the need for the external bone growth stimulator post operatively. The medical records received and reviewed lack information to support the necessity of an external bone growth stimulator for this injured worker. The request is not medically necessary.