MAXIMUS Federal Services

Case Number:	CM14-0043669		
Date Assigned:	07/02/2014	Date of Injury:	05/09/2013
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported injury on 05/09/2013. The injured worker underwent the first part of a spinal surgery on 04/10/2014 and the 2nd part on 04/11/2014. The injured worker underwent an MRI, X-rays, and a bone scan. Other therapies included physical therapy. The documentation of 02/04/2014 revealed the injured worker traded aching radiculopathy for axial back pain radiating to the right buttock and iliac crest. The injured worker was noted to be taking 4 to 6 Norco per day. The injured worker was noted to have had 11 physical therapy sessions with no benefit as well as a preoperative lumbar epidural steroid injection which made him worse. The diagnoses included status post laminectomy/discectomy with residual right lower extremity radiculopathy, L5-S1 collapse, interspace narrowing, modic changes, retrolisthesis, foraminal nerve root impingement, and epidural fibrosis with persistent severe axial back pain. The treatment plan included an anterior/posterior arthrodesis for spondylolisthesis at L5-S1 and persistent axial back pain. Additionally, the treatment plan included Neurontin 300 mg twice a day, Amitriptyline 25 mg at bedtime, and Hydrocodone 10/325 as well as referral for psychological counseling. There was a prescription dated 03/19/2014 for a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator Unit: 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)- Chapter on Low Back.

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 Stimulator.

Decision rationale: The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medical necessary as an adjunct to spinal fusion surgery for injured workers with any of the following risk factors for failed fusion which include 1 or more failed spinal fusions, Grade III or worse spondylolisthesis, a fusion to be performed at more than one level, a current smoking habit, diabetes, renal disease, alcoholism or documentation of significant osteoporosis which has been demonstrated on radiographs. There was no documentation indicating the injured worker had a necessity for a bone growth stimulator. Given the above, the request is not medically necessary.