

Case Number:	CM14-0046091		
Date Assigned:	06/27/2014	Date of Injury:	03/28/2007
Decision Date:	08/13/2014	UR Denial Date:	03/17/2014
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 Family Medicine and is licensed to practice in North Carolina. 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 a 65 year-old who had an initial date of injury on 03/28/07. He subsequently underwent a right L5-S1 microdiscectomy on 03/18/2008. He had a re-injury on 09/30/2013. The patient has a diagnosis of low back pain with right leg pain. Treatment modalities have included surgery, medication and physical therapy. An MRI on 11/11/2013 showed circumferential bulging disc at L1-2 with mild to moderate central, lateral recess and foraminal stenosis without direct nerve root impingement. A desiccated circumferential bulging disc at L2-3 was seen resulting in severe central, lateral recess and moderate bilateral foraminal stenosis. A desiccated circumferential bulging disc was seen at L4-5 resulting in severe foraminal stenosis. There was enhancing soft tissue into the right lateral recess and neural foramen which represented previous scar tissue or acute disc protrusion. The patient saw a neurosurgeon on 01/10/2014 and 03/03/2014. These reports are not included in the records provided. Progress notes from the primary treating physician dated 12/05/2013 notes the patient has continued pain and the plan was for a neurosurgery consult. Per the utilization review, on initial consult with the neurosurgeon on the patient was diagnosed with lumbar radiculopathy and the plan was for a CT myelogram with flexion/extension views. On subsequent follow up visit on 03/03/2014, a right L4-5 and L5-S1 redo laminectomy and posterolateral instrumentation and fusion was offered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op 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, Low Back Chapter Bone growth stimulators (BGS) Under Study.

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, bone growth stimulators.

Decision rationale: Per the ODG Guidelines, bone growth stimulators are recommended on a case by case basis. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g. revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes. However, per the utilization review, the offered surgery was not recommended as medically necessary and thus a post-operative bone growth stimulator would not be necessary. As such, the request is not medically necessary.