

Case Number:	CM14-0049095		
Date Assigned:	07/28/2014	Date of Injury:	09/24/2012
Decision Date:	10/09/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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 underlying date of injury in this case is 09/24/2012. The date of the initial utilization review under appeal is 03/06/2014. This request for a bone stimulator is for a bone stimulator subsequent to proposed lumbar surgery. On 12/18/2013 the patient's treating physician reviewed this patient's history of chronic lumbar discogenic pain as well as hypertrophic facet disease. The treating physician discussed the patient's neurosurgeon's recommendation for facet blocks versus surgical fusion. Ultimately, the medical records do not indicate that cervical fusion has been approved.

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 (ODG), Low back (02/13/2014)

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.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines do not discuss indications for bone stimulators. Official Disability

Guidelines/Treatment in Workers Compensation/Low back does discuss indications for a bone stimulator. However, in this case the medical records do not indicate that spinal fusion surgery has been certified. Without such certification, request for a bone stimulator would be nonapplicable. Therefore, this request is not medically necessary.