

Case Number:	CM14-0053835		
Date Assigned:	07/07/2014	Date of Injury:	01/04/2010
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 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:

This injured worker is a 41-year-old male who reported an injury on 01/04/2010. The injured worker underwent an x-ray of the lumbar spine on 12/03/2013, which revealed minimal narrowing of the L3-L4 and L4-L5. Additionally, the impression included postoperative status at L4-L5. The documentation of 02/26/2014 revealed the injured worker had constant unremitting pain in the low back radiating down into both lower extremities with associated pain, tingling and numbness. The injured worker was noted to have a prior surgical intervention. The injured worker had decreased range of motion. The sensor examination was diminished to pin prick along the postural calf bilaterally. X-rays of the lumbosacral spine including flexion and extension revealed no fusion in either the lateral gutters or in the L4-L5 interface and there was no gross instability. The diagnoses included status post posterior spinal fusion of the lumbar spine at L4-L5 and L5-S1 and failed L4-L5 fusion. The treatment requested a repeat surgery which would consist of an exploration of the fusion with possible hardware replacement at L4-L5. The documentation indicated the surgical procedure was found to be not medically necessary. The injured worker underwent a CT of the lumbar spine on 09/03/2013 which revealed postsurgical changes involving L3-L4 and L4-L5 with no disc protrusion, central canal stenosis or neural foraminal narrowing at any level of the lumbar spine.

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 Treatment in Worker's Comp, 18th Edition, 2013: Low Back: Bone Growth stimulator's (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 Chapter, Bone growth stimulators (BGS).

Decision rationale: The Official Disability Guidelines indicate that the use of bone growth stimulators is understudy. It may be considered medically necessary as an adjunct to spinal fusion surgery for injured workers with any of the following risk factors for failed fusion which includes one or more previous failed spinal fusions. If the surgical procedure was found to be medically necessary, the request for a bone growth stimulator would be medically necessary. However, the documentation indicated the surgical procedure was not found to be medically necessary. Given the above, the request for post op bone growth stimulator is not medically necessary.