

Case Number:	CM14-0055117		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2010
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47-year-old with an injury date on 5/11/10. Based on the 1/13/14 progress report provided by [REDACTED] the diagnoses are status post (s/p) redo laminectomy, discectomy L4-L5 with persistent left lower extremity weakness (pain resolved); and possible recurrent rupture. Exam on 3/10/14 showed patient is focally tender at L4-L5 and L5-S1. Motor strength is 5/5 except left tibialis anterior, which is 4/5. Patient has positive straight leg raise. The treater is requesting bone growth stimulator and iceless cold therapy unit with DVT and lumbar wrap for 14 days. The utilization review determination being challenged is dated 3/28/14. The requesting provider provided treatment reports from 1/13/14 to 5/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iceless cold therapy unit with DVT and lumbar wrap for 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 03/18/14), Cold/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter,

Continuous-flow Cryotherapy and Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow Cryotherapy.

Decision rationale: This patient presents with back pain with left lower extremity radicular pain. The treater has asked for bone growth stimulator and iceless cold therapy unit with DVT and lumbar wrap for 14 days on 3/10/14. Patient has a third disc herniation and treater is recommending spinal fusion at L4-L5 per 3/10/14 report. Regarding bone growth stimulators, the Official Disability Guidelines (ODG) recommends case-by-case analysis, as limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudoarthrosis, instability, smoker). In this case, patient is indicated for a bone growth stimulator considering his prior history of failed back surgery. Recommendation is not medical necessary.

Bone Growth Stimulator: Overturned

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 (updated 03/18/14), Bone Growth Stimulators (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 (online), Bone Growth Stimulators (BGS).

Decision rationale: This patient presents with back pain with left lower extremity radicular pain. The treater has asked for bone growth stimulator and iceless cold therapy unit with DVT and lumbar wrap for 14 days on 3/10/14. Patient has a third disc herniation and treater is recommending spinal fusion at L4-L5 per 3/10/14 report. Regarding bone growth stimulators, the Official Disability Guidelines (ODG) recommends case-by-case analysis, as limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudoarthrosis, instability, smoker). In this case, patient is indicated for a bone growth stimulator considering his prior history of failed back surgery. Recommendation is for medical necessity.