

Case Number:	CM14-0057315		
Date Assigned:	07/09/2014	Date of Injury:	06/13/2013
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Spinal Surgery and is licensed to practice in New York. 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 48-year-old male, who sustained an injury to his lumbar spine, when he fell off a chair on June 13, 2013. He has chronic low back pain. An MRI shows L3-4 degenerative disc and spondylolisthesis. The patient continues to have pain despite medications. Conservative measures include pain management, steroid injections, and physical therapy. At issue, is whether the L3-4 fusion is medically necessary. The patient continues to have pain despite medications. Also at issue, is whether the bone posterior is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Orthofix Bone Growth Stimulator - Spinal-Stim Quantity: 1.00: 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 & Thoracic, 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 and Pain Chapter.

Decision rationale: The patient does not meet criteria for an L3-4 fusion. There is no documentation of significant instability greater than 5 mm on flexion-extension views at L3-4.

The patient does not have any other red flag indicators for spinal fusion surgery, such as fracture, tumor, or progressive neurologic deficit. Also, even if the patient did require fusion surgery, he does not meet criteria for bone growth stimulator. Only one (1) fusion level is planned, and the patient does not have any risks factors for nonunion, such as diabetes, renal disease, alcoholism or excessive smoking. The patient has no history of previous fusion surgery. The criteria for bone growth stimulator is not met.