

Case Number:	CM14-0059241		
Date Assigned:	07/09/2014	Date of Injury:	03/28/2007
Decision Date:	09/24/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The patient is a 65 year old male who sustained an industrial injury on 3/28/2007. He status post microdiscectomy at right L5-S1 on 3/18/2008. He had complete resolution of pain and ultimately returned to work. He smokes daily and past medical history is significant for primary pulmonary HTN vs COPD. According to the 1/10/2014 report, he denies epidural injections, chiropractic, or pool therapy. examination documented 8/10 VAS score, well-healed incision, non-tender to palpation, decreased ROM, 5/5 strength of bilateral lower extremities, intact sensation, and 2+ deep tendon reflexes, negative SLR, normal gait and able to heel/toe walk. Reportedly, a 11/11/2013 MRI showed status post right L3 laminotomies, L4-5 central right disc bulge with severe disc disease and rightg nerve root compression. Surgery is planned, will obtained CT myelogram with flexion/extension views and follow-up to review. According to the 3/3/2014 report, the patient has had low back pain and right leg pain since 9/30/2013. He is having more midback pian and pain in the shoulder blades. Reportedly, a 2/28/2014 CT myelogram showed previous L4-5 and L5-S1 laminotomy, large right L4-5 herniated nucleus pulposus with compression of nerve root in the thecal sac and L5-S1 has right severe facet arthropathy with nerve compression. Recommendation is for right L4-5 and L5-S1 POLAR with re-do laminectomy and posterolateral instrumentation and fusion.

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 The Official Disability Guidelines, Low Back (Acute and Chronic) Procedure Summary, Criteria for use for invasive or non-invasive electrical bone growth stimulators.

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 (BGS).

Decision rationale: According to the ODG, either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion such as: Fusion to be performed at more than one level. However, the medical records fail to establish the proposed lumbar fusion is appropriate and medically necessary, as there is no evidence of spinal instability. In absence of surgical intervention, the request for bone stimulator for post-operative use is not medically necessary.