MAXIMUS Federal Services

Case Number:	CM14-0070121		
Date Assigned:	07/14/2014	Date of Injury:	12/14/2012
Decision Date:	09/12/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; DEXA bone scanning of October 9, 2013, notable for osteopenia in lumbar spine; electrodiagnostic testing of December 2, 2013, notable for evidence of a subtle left S1 radiculopathy; and various interventional spine procedures involving the lumbar spine. In a Utilization Review Report dated May 8, 2014, the claims administrator denied a request for an external bone growth stimulator despite acknowledging the bone scan positive for osteopenia. The applicant's attorney subsequently appealed. In an April 10, 2014 progress note, the applicant reported persistent complaints of low back pain, severe, radiating into the left leg. The applicant was off of work, on total temporary disability, and has failed both acupuncture and epidural steroid injection therapy, it was acknowledged. A cane, Soma, Norco, Medrox, and lumbar spine surgery were endorsed. Disabled parking permit was issued. It was stated that the applicant was scheduled for surgery on May 27, 2014. In an earlier note dated November 4, 2013, the applicant was described as having earlier bone scanning suggestive of osteopenia. The applicant also had had a variety of comorbidities, including diverticulitis, carpal tunnel syndrome, asthma, and hypothyroidism, status post thyroidectomy. The applicant was an occasional drinker, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

External 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 Chapter (http://www.odg-twc.com/odgtwc/knee_files/bcbs_bone_stim.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Bone Growth Stimulators topic.

Decision rationale: The MTUS does not address the topic. As noted in ODG's Low Back Chapter, Bone Growth Stimulator topic, criteria for usage of invasive or non-invasive electrical bone growth stimulators include the applicants who have significant osteoporosis which has been demonstrated radiographically. In this case, the applicant does apparently have radiographic evidence of osteopenia, and is, furthermore, said to undergo spine surgery (fusion) at L5-S1 level. The applicant's issues with osteopenia do suggest that a bone growth stimulator may be needed to promote fusion consolidation and/or postoperative healing. Therefore, the request is medically necessary.