

Case Number:	CM14-0074005		
Date Assigned:	07/16/2014	Date of Injury:	06/09/2011
Decision Date:	08/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 35-year-old male who reported an injury on 06/09/2011. The mechanism of injury was not stated. Current diagnoses include lumbar pain, lumbar radiculopathy and status post surgery on 11/12/2013. The injured worker was evaluated on 04/22/2014 with complaints of lower back pain, left lower extremity pain and weakness. Physical examination revealed left lower extremity weakness and an antalgic gait. Treatment recommendations at that time included an Orthofix electrical bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthofix 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 (ODG) (http://www.odg-twc.com/odgtwc/low_back.htm).

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 Stimulator.

Decision rationale: The Official Disability Guidelines state that either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an

adjunct to spinal fusion for injured workers with risk factors for failed fusion including one or more previous failed spinal fusions, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, a current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis. The injured worker does not maintain any of the above-mentioned diagnoses. Therefore, the medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.