

<b>Case Number:</b>	CM14-0076155		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 4/17/2012. He is treated for back and leg pain which occurred after lifting a 50 pound bag. He has a history of lumbar fusion surgery which predated his injury. Treatments since the injury have included epidural steroid injections, physical therapy, and acupuncture and oral and transdermal pain medication. A treating physician has recommended lumbar fusion but the submitted records do not indicate that the request for surgery has been certified. The request is for bone growth stimulator purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth stimulator purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back, Bone growth stimulator

**Decision rationale:** CA MTUS is silent on the topic of bone growth stimulators. The ODG chapter on low back states that the use of bone growth stimulators is under study, with conflicting evidence existing about the benefits of their use. Criteria for consideration of the use of a bone growth stimulator to reduce the risk of failed fusion include one or more previous failed fusion surgeries, Grade III or worse spondylolithesis, fusion performed at more than one

level, current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis. In this case, the medical records do contain documentation of previous fusion surgery (which predated the industrial injury) but no other criteria are documented as rationale for use of a bone growth stimulator. The medical records submitted indicate that the request for spinal fusion remains uncertified. In the absence of certification for spinal fusion, there is no medical necessity for a bone growth stimulator.