

<b>Case Number:</b>	CM14-0078227		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Surgery and is licensed to practice in Pennsylvania. 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 is a 54-year-old gentleman injured in a work related accident on 08/29/09. Clinical records provided for review include a recent 05/21/14 Utilization Review documenting certification for a lumbar decompression and laminectomy with instrumented fusion at the L4-5 level. Specific to this claimant's one level lumbar fusion, there is a request for use of a postoperative bone growth stimulator. Careful review of preoperative records fails to identify significant segmental instability, smoking habit, or documentation of diabetes, renal disease or alcoholism. This individual is status post a one level L5-S1 fusion on January 23, 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biomet 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 11th edition (2014 web).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS).

**Decision rationale:** California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the request for use of a bone growth stimulator. There is no documentation of any clinical criteria to support of a bone growth stimulator for the requested one level lumbar fusion. There is no history of previous fusion at the L4-5 level, no indication of a current smoking habit, diabetes, renal disease or alcoholism. Without documentation of significant risk factor, the role of a bone growth stimulator in this isolated one level fusion would not be indicated.