

Case Number:	CM14-0092821		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2013
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 51-year-old male who reported an injury 05/25/2013 after removing water pump screws that were too tight. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included activity modifications, medications and physical therapy. The injured worker was evaluated on 01/17/2014. It was documented that the injured worker had persistent low back pain complaints. Physical findings included restricted range of motion secondary to pain with absent ankle reflexes and positive straight leg raising test to 90 degrees on the right. It was also noted that the injured worker had diminished sensation on the left lateral thigh. The injured worker's diagnoses included low back pain, lumbar degenerative disc disease, lumbar herniated disc and lumbar radiculopathy. Surgical intervention was discussed with the injured worker; however, the injured worker wished to consider his treatment options. The injured worker was again evaluated on 05/29/2014. It was documented that the injured worker reported worsening symptoms and requested treatment proceed with fusion at the L5-S1. A request was made for a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Bone growth stimulators (BGS).

Decision rationale: California Medical Treatment Utilization Schedule does not address this treatment. Official Disability Guidelines recommend a bone growth stimulator for patients at risk for nonhealing due to a history of smoking, multilevel fusion or evidence of more than 1 failed spinal fusion surgery. The clinical documentation submitted for review does not indicate that the injured worker is a smoker and is at risk for delayed healing. Additionally, there is no documentation of previous failed fusion surgeries. The requested surgical intervention is at a single level and would not require a bone growth stimulator. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested bone growth stimulator is not medically necessary or appropriate.