

<b>Case Number:</b>	CM14-0197859		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine Rehab 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:

This injured worker is a 43-year-old male with a date of injury 05/01/2010. The mechanism of injury was not specified. His diagnoses include prolapsed lumbar intervertebral disc, degeneration of lumbar intervertebral disc, spinal stenosis of lumbar region, low back pain and disorder of trunk. Diagnostic studies included a chest x-ray, an x-ray of the lumbar spine, and MRI of the spine. Past surgical history includes a retroperitoneal exploration and mobilization of the intra-abdominal great vessels on 11/13/2014. The injured worker presented on 11/10/2014 for his preoperative exam. Physical examination notes indicate the surgery is authorized, and scheduled for 11/13/2014. According to documentation submitted, the surgery was performed on 11/13/2014. Medications were not provided. The treatment plan was to undergo the surgery with follow-up. The request was for bone growth stimulator and no rationale was provided. The Request for Authorization form was not included in the documentation.

### 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 ODG, Low Back Chapter, Bone Growth Stimulators (BGS) section

**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, Bone growth stimulators (BGS)

**Decision rationale:** The request for the bone growth stimulator is not medically necessary. The patient had surgery for lumbar disc disease on 11/13/2014. California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) one or more previous failed spinal fusions; (2) grade 3 or worse spondylolisthesis; (3) fusion to be performed at more than 1 level; (4) current smoking habit; (5) diabetes, renal disease, alcoholism; or (6) significant osteoporosis which has been demonstrated on radiographs. The documentation as submitted indicated this was the first spinal surgery, and there was no fusion performed. The patient is a nonsmoker per the documentation; and osteoporosis was not indicated by x-ray. As such, there is no objective evidence to support the use of a bone growth stimulator. In the absence of objective evidence, the request for the bone growth stimulator is not medically necessary.