

<b>Case Number:</b>	CM14-0199462		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/23/2008
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 New York. 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 patient is a 61-year-old female with initial date of injury of August 23, 2008. The patient has chronic low back pain. The patient is diagnosed with L2-3 instability. Surgery for spinal fusion of L2-3 as being plan. At issue is whether bone growth stimulator is medically necessary.

### 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, Low Back Section, Bone Growth Stimulators

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low back chapter, ODG Low back chapter

**Decision rationale:** The patient does not meet criteria for bone growth stimulator use. The medical records do not indicate that the patient is at risk for nonunion of spinal surgery. The medical records do not indicate that the patient is having more than 3 levels of spinal fusion. Criteria for bone growth stimulator use not met and therefore request is not medically necessary.