

<b>Case Number:</b>	CM14-0206258		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

45 year old female claimant with an industrial injury dated 01/07/13. Exam note 10/14/14 states the patient returns with low back pain that is radiating to the lower extremities and her feet. The patient rates the pain a 7/10 with a burning sensation. The patient also explains that she experiences numbness and tingling as well. The patient has completed 18 chiropractic therapy visits, 12 acupuncture therapy visits and 34 physical therapy visits with little benefit. Upon physical exam there was evidence of tenderness surrounding the paraspinal muscles with more on the right than left. There was also moderate right-sided muscle spasms noted. The patient demonstrated trigger point pain over the right sacroiliac joint. Exam straight leg test was noted to be positive to 65' of elevation. The patient revealed a moderate degree of gait antalgia and needs a single point cane for mobility. Diagnosis is noted as low back pain with bilateral lower extremity radiculopathy. Treatment includes an L4-5 anterior and posterior fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone 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

**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 stimulator

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG Neck and Upper Back, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level and there is no high risk factors demonstrated from the exam note of 10/14/14. Therefore determination is for non-certification.