

Case Number:	CM14-0208373		
Date Assigned:	12/22/2014	Date of Injury:	01/19/1990
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice, 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:

84-year-old male claimant sustained a work injury on 1/19/90. He was diagnosed with a hematoma of the spinal cord, lumbar spinal stenosis, COPD, heart disease, atrial fibrillation and COPD. He underwent an L3 - S1's final fusion in 1992. He subsequently had removal of hardware and decompression surgery of spinal stenosis from L1- L3. After undergoing a thoracic laminotomy and laminectomy in October 2014 he was left with persistent incomplete paraplegia and spastic paralysis. He had an intrathecal pump for pain control. On October 12, 2014 the claimant had healed in the thoracic region without any signs of infection. There was a subsequent request for use of external bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

External 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 (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar pain and pg

Decision rationale: According to the guidelines, criteria for use for invasive or non-invasive electrical bone growth stimulators: 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 fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Although a bone growth stimulator may be appropriate in this case, there is no prior indication of response to its use. Based on information provided, the purchase of an external bone growth simulator is not medically necessary.