

Case Number:	CM14-0083606		
Date Assigned:	07/21/2014	Date of Injury:	05/14/2010
Decision Date:	04/14/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 62-year-old male who sustained an industrial injury on 05/14/10. He reports back pain. The diagnosis includes back pain. Treatments to date include medication. In a progress note dated 02/10/14, that latest progress note available for review in the submitted record, the treating provider recommends surgical fusion. On 05/29/14 Utilization Review non-certified an external bone stimulator, a box of island bandages and a lumbar brace, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

External Bone Growth Stimulator: Overturned

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 (updated 05/12/14).

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 is silent on the topic of bone growth stimulators. The ODG chapter on low back states that the use of bone growth stimulators is under study, with conflicting evidence existing about the benefits of their use. Criteria for consideration of the use of a bone growth stimulator to reduce the risk of failed fusion include one or more previous failed fusion surgeries, Grade III or worse spondylolithesis, fusion performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis. In this case, the medical records indicate a plan to perform a first spinal fusion procedure and grade II spondylolithesis, which would not qualify, but also indicate a plan for fusion from L4-S1, which spans 2 levels, a condition which may qualify for external bone stimulator. In this case, the request for bone growth stimulation is medical supported and approved.

1 Box Island Bandage: Overturned

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, Wound Dressing (updated 05/12/14).

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, Wound dressing.

Decision rationale: CA MTUS is silent on wound dressings. ODG section on Low Back recommend the following combinations: for chronic wounds : for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings. In this case, the request is for acute wound care post surgery and low adherent dressing such an island dressing is medically indicated. 1 Box Island dressing is approved.

Lumbar brace: Overturned

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 (updated 05/12/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar support.

Decision rationale: CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolithesis and documented instability. In this case, there is evidence of spondylolithesis and a back brace is approved as medically reasonable.

