

Case Number:	CM14-0084623		
Date Assigned:	07/21/2014	Date of Injury:	05/04/2010
Decision Date:	05/01/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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, Sports Medicine

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 is a 47-year-old female with a work injury dated 05/04/2010. The mechanism of injury was a slip and fall. The prior therapies included physical therapy, chiropractic care and a functional restoration program. Medical record dated 04/18/2014 notes she presented for a follow up of her work related injury to her shoulder and low back. She describes her pain as aching and burning and rates it as 10/10. She also complains of right shoulder pain. Physical exam revealed a hypo lordosis and guarded gait. Exam of lumbar spine noted paraspinal tenderness as well as spasm to palpation. Lumbar range of motion was decreased. MRI dated 04/15/2014 (documented by provider) showed disc desiccation at lumbar 4 - lumbar 5 and lumbar 5 - sacral 1. There is a right sided disc protrusion at lumbar 5 - sacral 1 without significant stenosis. There is an annular tear on the right at lumbar 4 - lumbar 5 which is quite clear. Diagnoses were: Lumbar 4 - lumbar 5 and lumbar 5 - sacral 1 discogenic pain, causing mild stenosis. The provider documented the injured worker had failed a long course of conservative treatment. He requested lumbar surgery at the levels of L4-L5 and L5-S1 (which according to UR was denied.) A bone growth stimulator was requested postoperatively as an adjunct to spinal fusion. On May 27, 2014, utilization review non-certified the request for a bone growth stimulator, noting as the requested surgery was not deemed medically necessary, the bone growth stimulator was not medically necessary. Official Disability Guidelines (ODG) was cited. The request was appealed to Independent Medical Review.

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 Treatments In Workers Comp 18th Edition, 2013 Updates, Low Back Chapter; Bone Growth Stimulators (BGS).

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 Chapter, Bone Growth stimulators.

Decision rationale: The Official Disability Guidelines indicate the criteria for the use of an invasive or noninvasive electrical bone stimulator is for a fusion that is to be performed at more than 1 level. The requested procedure was a fusion at L4-5 and L5-S1 and if the surgical intervention was found to be medically necessary, the request for a bone growth stimulator would be medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.