

Case Number:	CM14-0099966		
Date Assigned:	07/28/2014	Date of Injury:	05/04/2010
Decision Date:	01/26/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Emergency Medicine 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:

The injured worker is a 48 year-old female, who sustained an injury on May 4, 2010. The mechanism of injury is not noted. Diagnostics have included: April 15, 2014 lumbar spine MRI reported as showing L3-S1 disc protrusion without neural impingement. The treatments have included: L4-S1 fusion with allograft, physical therapy, medications, chiropractic, FRP. The current diagnoses are: s/p L4-S1 fusion with allograft. The stated purpose of the request for Bone Growth stimulator was not noted. The request for Bone Growth stimulator was denied on June 12, 2014, citing a lack of documentation of approved surgical fusion. Per the report dated June 4, 2014, the treating physician noted complaints of low back pain with lower extremity sensory deficits. Exam findings included restricted lumbar ROM with tenderness.

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 (ODG) Low Back Chapter

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 - Lumbar & Thoracic, (Acute & Chronic), Bone Growth Stimulators (BGS).

Decision rationale: The requested Bone Growth stimulator is not medically necessary. The CA MTUS/ACOEM is silent on this issue. The Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), bone growth stimulators (BGS), note "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." The injured worker has low back pain with lower extremity sensory deficits. The treating physician has documented restricted lumbar ROM with tenderness. The treating physician has not documented the presence of any of the aforementioned criteria for recommended use of a bone growth stimulator. The criteria noted above not having been met. As such, the request for the bone growth stimulator is not medically necessary.