MAXIMUS Federal Services

Case Number:	CM15-0003511		
Date Assigned:	01/14/2015	Date of Injury:	11/26/2012
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 52 year old male, who sustained an industrial injury on November 26, 2012. He has reported low back pain. The diagnoses have included lumbar disc protrusion and spinal stenosis. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, epidural steroid injections and oral medications. Currently, the IW continues to complain of constant low back pain with radiation to legs and weakness. Utilization review mentions L4-5 and L5-S1 laminectomy and discectomy. No op-report was provided.On December 22, 2014 utilization review non-certified a request for six (6) weeks rental of VQ bone stimulator. The Official Disability Guidelines (ODG) was utilized in the determination. Application for independent medical review (IMR) is dated December 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) weeks rental of VQ 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain, Bone stimulators

Decision rationale: Pursuant to the Official Disability Guidelines, six weeks VQ bone stimulator is not medically necessary. The Official Disability Guidelines state bone growth stimulators are under study. There is conflicting evidence so case-by-case recommendations are necessary. Some limited evidence exists for improving fusion rate of spinal fusion surgery in high-risk cases. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes. The Chronic Pain Medical Treatment Guidelines and the ACOEM do not address bone stimulators. In this case, the injured worker's working diagnosis is lumbar spine discopathy. Subjectively, the injured worker complains of constant, moderate and radiating pain in the lower back with no improvement. Objectively, the lumbar spine is tentative palpation with palpable spasms of the paraspinal muscles. Range of motion is decreased. The medical record does not contain documentation regarding a bone stimulator, a clinical indication or a clinical rationale for a bone stimulator in the medical records available for review. As of October 7, 2014 the treating physician was still pending authorization for lumbosacral spine surgery. The guidelines state bone growth stimulators understudy. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes. Consequently, absent clinical documentation indicating a clinical rationale for the bone growth stimulator in conjunction with limited evidence to support or refute use of these devices, six weeks VQ bone stimulator is not medically necessary.