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| Case Number: | CM15-0007693 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 10/05/2008 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male who suffered a work related injury on 10/05/08. Per the physician notes from 08/29/14, he complains of problems on his left side due to walking in an antalgic fashion. On 01/105/15, The Claims Administrator non-certified the Exogen bone stimulator, citing ODG guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exogen 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 Bone growth stimulator

Decision rationale: According to ODG guidelines, bone growth stimulators are indicated for patients undergoing spinal fusion with high-risk for slow fusion. However there is no strong clinical studies supporting bone growth stimulators. There is no documentation that the patient is

undergoing lumbar fusion involving multiple levels and putting him at high risk of incomplete fusion. Therefore the request for Orthofix bone growth stimulator is not medically necessary.