

Case Number:	CM15-0107977		
Date Assigned:	06/12/2015	Date of Injury:	03/08/2013
Decision Date:	07/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 3/8/13. He reported low back pain while lifting. The injured worker was diagnosed as having a lumbar sprain. Treatment to date has included oral medications including opioids, physical therapy, home exercise program and epidural injections. Currently, the injured worker complains of low back pain. He is able to work with modified duties. Physical exam noted tenderness to palpation of lumbar region with normal range of motion. The treatment plan included prescriptions for oral medications and awaiting authorization for (MRI) magnetic resonance imaging of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: bone growth stimulator purchase: 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 (updated 03/24/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back & Lumbar & Thoracic chapter, under Bone growth stimulators.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for ASSOCIATED SURGICAL SERVICE: BONE GROWTH STIMULATOR PURCHASE. The request for authorization is not provided. MRI of the lumbar spine, 05/12/14, shows early disc desiccation L2-3 to L5-S1. Physical examination of the lumbar spine reveals no evidence of muscle spasm, no sacroiliac joint pain or greater trochanteric pain, but has pain localized from L3 to L5 spinous processes. There were no sensory deficits in the lower extremities. The patient has full range of motion of the lower extremities. The patient's medications include Hydrocodone, Prilosec, Cyclobenzaprine and Zoloft. Per progress report dated 03/24/15, the patient is returned to modified work. ODG Guidelines, Low Back & Lumbar & Thoracic chapter, under Bone growth stimulators states: "Under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases - e.g., revision pseudoarthrosis, instability, smoker. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical 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 fusions; 2. Grade III or worse spondylolisthesis; 3. Fusion to be performed at more than one level; 4. Current smoking habit ; 5. Diabetes, Renal disease, Alcoholism; or 6. Significant osteoporosis which has been demonstrated on radiographs." Treater does not discuss the request. Only one progress report is provided dated 03/24/15, which is handwritten with minimal information and no information regarding the request. ODG guidelines support the use of Bone Growth Stimulator for failed spinal fusion. In this case, there is no evidence the patient previously had a spinal fusion surgery or is scheduled for one in the future. In fact, per QME report dated 10/27/14, reviewer states, "The examinee is in no need of surgical intervention at this time." Therefore, the request IS NOT medically necessary.