

Case Number:	CM15-0132115		
Date Assigned:	07/20/2015	Date of Injury:	12/09/2011
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old man sustained an industrial injury on 12/9/2011. The mechanism of injury is not detailed. Evaluations include a recent undated repeat lumbar spine MRI and lumbar spine x-rays. Diagnoses include scoliosis, recurrent disc herniation, mechanical back pain, and spondylosis with associated neurological problems. Treatment has included oral medications, physical therapy, epidural steroid injections, and surgical intervention. Physician notes dated 6/25/2015 show complaints of continued low back pain. Recommendations include further surgical intervention including a lumbar fusion. The disputed issues pertain to a bone growth stimulator rental for 3 months as modified by UR, and Physical therapy modification to 12 visits instead of 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: external 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, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Bone growth stimulator.

Decision rationale: CA MTUS guidelines do not address this issue. ODG guidelines indicate bone growth stimulators are 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, and smoker). Utilization review has certified rental for 3 months. This could be further extended if necessary. However, the guidelines do not recommend purchase of a bone growth stimulator. The request as stated does not indicate if it is rental or purchase and also does not specify the duration of the rental. As such, the medical necessity of the request cannot be determined.

Associated surgical service: Physical therapy, 3 times a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment

Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 34 visits over 16 weeks for a lumbar fusion. The initial course of therapy is one-half of these visits, which are 17. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 17 visits may be prescribed. The request as stated is for 18 visits, which is close to the guideline recommendation of 17. As such, the medical necessity of the request has been established.