

Case Number:	CM15-0140416		
Date Assigned:	07/30/2015	Date of Injury:	04/22/2013
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 22, 2013. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for a lumbar spine bone growth stimulator. The claims administrator referenced an RFA form received on June 30, 2015 in its determination, along with a progress note dated June 15, 2015. The claims administrator acknowledged that the applicant had apparently undergone earlier lumbar spine surgery. The applicant's attorney subsequently appealed. On said June 15, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain, collectively scored at 8/10. Ancillary complaints of headaches and weakness about the left leg were reported. Medications were refilled under a separate cover. Physical therapy was sought. A bone growth stimulator was sought owing to reported lack of bone healing while the applicant was placed off of work, on total temporary disability. The attending provider stated, in another section of the note, that x- rays were performed in the clinic demonstrating no hardware failure, good positioning and good alignment of the fusion. On January 16, 2015, the applicant in fact underwent a lumbar spine wound exploration with bilateral neuroforaminotomies at L4-S1 to ameliorate preoperative diagnosis of status post L4-S1 posterior lumbar interbody fusion and left lower extremity radiculitis. An earlier progress note of April 30, 2015 was notable for commentary that a seven- view radiograph of the lumbar spine revealed excellent positioning of the implants from L4 through S1 with no evidence of hardware failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine bone 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): Shoulder (updated 05/04/15) - Online Version, Bone growth simulators, electrical.

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 Problems, Bone growth stimulators (BGS).

Decision rationale: No, the request for a lumbar spine bone stimulator purchase was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Low Back Chapter Bone Growth Stimulators topic notes that bone growth stimulators are under study but may be considered medically necessary as an adjunct to spinal fusion surgery in applicants with risk factors for failed fusion to include evidence of a previously failed fusion, grade 3 or worse spondylolisthesis, fusion to be performed in more than one level, current smoking habit, diabetes, renal disease, alcoholism, and/or significant osteoporosis demonstrated on radiograph. Here, however, little-to-no rationale accompanied the June 15, 2015 request for the fusion device. The attending provider stated in one section of his note on that date that a bone stimulator was sought owing to lack of bone healing at this stage. The attending provider then stated, somewhat incongruously, in another section of the same report of June 15, 2015 that x-rays of the lumbar spine revealed "no hardware failure, good position and alignment." The attending provider failed to reconcile his internally inconsistent statements of June 15, 2015, one to the effect that the applicant's fusion hardware was appropriately positioned and aligned, with his subsequent commentary to the effect that the applicant had demonstrated a lack of bone healing. Therefore, the request was not medically necessary.