

Case Number:	CM15-0195604		
Date Assigned:	10/09/2015	Date of Injury:	12/17/2008
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old, female who sustained a work related injury on 12-17-08. A review of the medical records shows she is being treated for low back pain. Treatments have included lumbar spine surgery and medications. Current medications include Tramadol and a muscle relaxant. In the progress notes, she had a flare-up of her low back pain and wound up going to the Emergency Room. She reports the pain "has settled down some." In the objective findings dated 9-10-15, there are no physical exam findings of her lower back. X-rays of lumbar spine show "bone graft and implants are in place, but still not consolidating yet." She is temporarily totally disabled. The treatment plan includes a request for a bone growth stimulator to prevent pseudarthrosis. The Request for Authorization dated 9-24-15 has a request for a bone growth stimulator. In the Utilization Review dated 9-30-15, the requested treatment of the purchase of a bone growth stimulator for the low back is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of bone growth stimulator for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Review of Bone Growth Stimulation for Fracture Treatment Steve B. Behrens, Matthew E. Deren, Keith O. Monchik Disclosures Curr Orthop Pract. 2013; 24 (1): 84-91.

Decision rationale: For treatment of delayed unions and nonunions, bone stimulators have a Grade B to C evidence recommendations. Further studies on the efficacy and cost-effectiveness of bone stimulators are warranted to better define the clinical implementation of these devices. This worker does not have a fracture nor any known metabolic disorders or comorbidities that would cause impaired bone healing. The medical necessity for a bone growth stimulator for the low back is not substantiated in the records. The request is not medically necessary.