

Case Number:	CM15-0196094		
Date Assigned:	10/09/2015	Date of Injury:	04/26/2011
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 62 year old male, who sustained an industrial injury on 04-26-2011. The injured worker is currently able to perform sedentary work only. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain, grade 2 spondylolisthesis at L5-S1, bilateral foraminal stenosis with bilateral pars defect at this level "per MRI, 10-15-2013", and thoracic pain. Treatment and diagnostics to date has included stretching, and medications. Recent medications have included Ibuprofen. After review of progress notes dated 07-14-2015 and 08-25-2015, the injured worker reported ongoing low back pain. Objective findings included slow ambulation with "mild" antalgic gait and limited range of motion of the lumbar spine. The request for a spinal fusion was certified. However, Utilization Review denied the request for postoperative bone stimulator citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -operative bone stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar and Thoracic (Acute and Chronic) (updated 7/17/2015).

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 stimulators.

Decision rationale: ODG guidelines indicate conflicting evidence with regard to improvement of the fusion rate with the use of bone growth stimulators. ODG criteria include 1 or more previous failed fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiographs. In this case, the documentation indicates a grade 2 spondylolisthesis. Fusion is to be performed at 1 level and there is no documentation of the remaining indications for use of a bone growth stimulators. As such, the request for a bone growth stimulator is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.