

Case Number:	CM15-0023370		
Date Assigned:	02/12/2015	Date of Injury:	05/07/2009
Decision Date:	04/22/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/07/2015

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: 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 was a 57-year-old female, who sustained an industrial injury, May 7, 2009. The injured worker previously received the following treatments Oxycontin, L3-L4 lumbar surgery with hardware, Soma, Prilosec, MRI of the lumbar spine, physical therapy and trigger point injections. The injured worker was diagnosed with L2-L3 herniated nucleus pulposus, spondylolisthesis sciatica, Hepatitis C, post laminectomy syndrome, displacement lumbar disc without myelopathy and sciatica. According to progress note of January 6, 2015, the injured workers chief complaint was lower back pain. The injured worker rated the pain, 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker had a surgical consultation for L2-L3 extreme lateral interbody fusion, L2-L3 posterior spine fusion with instrumentation and removal of L3-L4 instrumentation. The treatment plan was for preoperative and postoperative needs, such as preoperative workup, a bone stimulator, physical therapy, lumbar brace, and surgery and inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (11/21/14) Bone growth stimulator (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone Growth Stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the lumbar spine. According to the ODG, Low Back, bone growth stimulator would be considered for patients as an adjunct to spine fusion if they were at high risk. In this case, the fusion proposed is at one level at L2/3 and there is no high risk factors demonstrated in the exam note of 1/6/15. Therefore, the bone growth stimulator is not necessary.