

Case Number:	CM15-0024068		
Date Assigned:	02/13/2015	Date of Injury:	12/07/2010
Decision Date:	04/08/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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 42-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 7, 2010. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve requests for a bone growth stimulator and lumbar brace. The claims administrator referenced a December 17, 2014 progress note and an associated RFA form of January 6, 2015 in its determination. Non-MTUS ODG guidelines were invoked in the denials. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant was described as status post a lumbar fusion surgery at L5-S1 of February 10, 2015. The applicant's past medical history was not detailed. On progress notes of May 1, 2014 and June 12, 2014, the applicant's past medical history, once again, was not detailed. On October 24, 2013, the applicant was described as a nonsmoker. On January 9, 2015, the applicant's medication list included Naprosyn, tramadol, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthofix 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 (ODG), Low Back, Bone Growth Stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines; Low Back Problems; Bone growth stimulators (BGS).

Decision rationale: No, the Orthofix bone growth stimulator was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Low Back Chapter Bone Growth Stimulators topic notes that bone growth stimulators are under study but can be employed for applicants who undergo spinal fusion surgery who have any of the following risk factors for failed fusion: one or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, a fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, and/or significant osteoporosis. Here, however, there was no mention of the applicant's having any of the aforementioned risk factors. The applicant underwent a single-level lumbar fusion surgery at L5-S1. There was no mention of the applicant's being diabetic, osteoporotic, alcoholic, an active smoker, etc. Therefore, the request was not medically necessary.

Lumbar brace: 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, Back Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Similarly, the proposed lumbar brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is, quite clearly, well outside of the acute phase of symptom relief as of the date of the Utilization Review Report, January 9, 2015, following an industrial injury of December 7, 2010. Introduction, selection, and/or ongoing usage of a lumbar support were not, thus, indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.