

<b>Case Number:</b>	CM15-0037388		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Tennessee  
 Certification(s)/Specialty: Emergency 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 47 year old male with an industrial injury dated 08/22/2009 which resulted in to the low back. Diagnoses includes right shoulder impingement syndrome, left lower cervical facet arthropathy, right cervical radiculopathy, failed lumbar back syndrome, anxiety, depression, and chronic pain. Diagnostic testing has included a MRI of the lumbar spine (06/29/2012), electrodiagnostic study of the lower extremities (08/02/2012), and CT scan of the lumbar spine (01/30/2015). Previous treatments have included conservative measures, medications, lumbar fusion (04/15/2013), physical therapy, and trigger point injections. A progress note dated 10/15/2014, reports low back pain and cervical spine pain without changes from previous exam. The objective examination revealed severe tenderness to palpation over the left lower facet joint in the cervical spine, severely limited range of motion in the cervical spine, severe tenderness over the lumbar facet joints and trochanteric bursa area with limited range of motion, and diffuse weakness in both upper and lower extremities. The treating physician is requesting bone growth stimulator, which was denied by the utilization review. On 02/23/2015, Utilization Review non-certified a request for bone growth stimulator, noting ODG guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Bone growth stimulators.

**Decision rationale:** Bone growth stimulators are under study. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. The lack of evidence does not allow determination of efficacy or safety. The request should not be authorized.