MAXIMUS Federal Services

Case Number:	CM15-0041402		
Date Assigned:	03/11/2015	Date of Injury:	09/25/2011
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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, West Virginia, Pennsylvania
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 58-year-old male, who sustained an industrial injury on 09/25/2011. The injured worker is currently diagnosed as having lumbosacral neuritis and cervicalgia status post anterior cervical discectomy and fusion at C3/4. Treatment to date has included cervical spine surgery on 11/14/2014, physical therapy, and medications. In a progress note dated 01/26/2015, the injured worker presented with complaints of constant pain in the low back with radiation of pain into the lower extremities and constant pain in the cervical spine with radiation of pain into the upper extremities with associated headaches. The treating physician reported refilling the injured worker's medications and requesting authorization for a bone stimulator due to lack of bone healing at this stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator purchase for the lumbar spine: 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 Stimulation.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: Guidelines state either invasive or noninvasive methods of electrical bone growth stimulation may be appropriate as an adjunct to spinal fusion surgery. In this case, the clinical records did not document any imaging findings related to the lumbar spine for which a bone growth stimulator would be appropriate. Further, there is no documentation of spinal fusion. Thus, the request for a bone stimulator purchase is not medically appropriate and necessary.