

Case Number:	CM15-0053944		
Date Assigned:	03/27/2015	Date of Injury:	03/08/2007
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/21/2015

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: Physical Medicine & Rehabilitation

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 67-year-old female, who sustained an industrial injury on March 8, 2007. She reported immediate pain in her elbows, low back and both knees after a fall to the ground. The injured worker was diagnosed as having work-related injury to the lumbosacral spine and right knee injury. Treatment to date has included diagnostic studies, physical therapy, acupuncture, chiropractic treatment, injections and medications. On October 8, 2014, the injured worker complained of no improvement in her lumbar spine pain. This pain was noted to radiate into her toes causing numbness and tingling as well as cramps in both legs. She also reported constant pain in her right knee associated with giving way episodes. Notes stated that her right knee symptoms have increased noticeably over the last two months prior to the date of exam. The treatment plan included a spine surgery consultation for possible decompression and fusion and an MRI study of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone 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)-bone growth stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic chapter, Bone growth stimulators.

Decision rationale: The patient presents with lumbar spine pain with radiation into her toes causing numbness and tingling as well as cramps in both legs. She also reported constant pain in her right knee associated with giving way episodes. The request is for BONE STIMULATOR (PURCHASE). The RFA is not provided. Patient's diagnosis included work-related injury to the lumbosacral spine and right knee injury. Treatments to date have included diagnostic studies, physical therapy, acupuncture, chiropractic treatment, injections and medications. The patient is to return to modified duty. ODG Guidelines, Low Back - Lumbar & Thoracic chapter, under Bone growth stimulators states: "Under study. There is conflicting evidence, so case-by-case recommendations are necessary. 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. Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1. One or more previous failed spinal fusions; 2. Grade III or worse spondylolisthesis; 3. Fusion to be performed at more than one level; 4. Current smoking habit ; 5. Diabetes, Renal disease, Alcoholism; or 6. Significant osteoporosis which has been demonstrated on radiographs."The treater does not discuss the rationale for the request; however, per the progress report dated 10/08/14, treater states:"she may be a candidate for decompression and fusion surgery for instability, with the levels to be determined by the spine surgeon" In regards to the request for a bone growth stimulator for the presumably post-operative use following the prospective lumbar surgery, the requested surgery has not taken place yet and the affected levels are unknown. Furthermore, this patient does not present with any of the "high-risk" factors such as smoking, osteoporosis, diabetes, or renal disease. This request IS NOT medically necessary.