MAXIMUS Federal Services

Case Number:	CM14-0118919		
Date Assigned:	08/06/2014	Date of Injury:	09/14/2010
Decision Date:	10/20/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 56 year-old female was reportedly injured on 9/14/2010. The mechanism of injury is noted as lumbar spine injury while pushing a wheelbarrow. The most recent progress note that was submitted for review is dated 10/30/2013, which indicates that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: decreased range of motion of lumbar spine with pain in all planes of motion. No recent diagnostic studies were available for review. Previous treatment includes lumbar fusion, medications, and conservative treatment. A request had been made for bone growth stimulator and a hot and cold therapy unit that was not certified in the pre-authorization process on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a bone growth stimulator (DOS: 06/11/12) 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 Chapter, Bone Growth Stimulators (BGS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar and Thoracic (Acute & Chronic)

Decision rationale: ODG guidelines list the following criteria for the use and necessity of a bone growth stimulator for surgical patients status post spinal fusion with any of the following risk factors: one or more previous filled spinal fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoker, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiographs. After review of the limited medical records that were submitted for review, there wasn't any findings to support the need of a bone growth stimulator at this time. This request is deemed not medically necessary.

Purchase hot/cold therapy unit (DOS: 06/11/12) 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 Chapter: Hot/Cold Packs; Knee/Leg and Hip/Pelvis Chapters, Continuous flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Continuous Flow Cryotherapy

Decision rationale: ODG guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally up to seven days after surgery including in-home use. These units have been proven to decrease pain, information, swelling, and narcotic use. The use of cryotherapy units are typically used for extremities such as shoulder and knee. There is limited studies concerning other body parts such as lumbar spine. After review the medical records provided it is noted that heat and cold packs can provide the same benefit. Therefore, this request is deemed not medically necessary.