

Case Number:	CM14-0125779		
Date Assigned:	08/15/2014	Date of Injury:	06/22/2010
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 63-year-old male with a reported date of injury on 06/22/2010. The mechanism of injury was a fall. The diagnoses included spinal stenosis, acquired spondylolisthesis and lumbosacral spondylosis. The past treatments included pain medication. The MRI of the lumbar spine without contrast performed on 01/10/2014 revealed multilevel degenerative changes of the lumbar spine at L3-4, mild central canal narrowing at L3-4 and chronic vertebral compression deformities at T12, L1 and L2. The surgical history included lumbar fusion at L3-4 performed on 05/27/2014. The subjective complaints on 05/22/2014 included low back pain. The physical examination noted limited lumbar range of motion especially with extension. He has full strength and sensation in his bilateral lower extremities. The medications included tramadol 50 mg 1 tablet every 4 to 6 hours as needed for pain. The treatment plan was for a lumbar fusion and a bone growth stimulator. A request was received for retrospective electro osteogen stim spinal (electrical bone growth stimulator) DOS 6/5/14. The rationale for the request was not provided. The Request for Authorization form was dated 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Elec Osteogen Stim Spinal (electrical bone growth stimulator) DOS: 6/5/14:
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. Low Back Bone Growth Stimulaors

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 - Lumbar & Thoracic, Bone growth stimulators (BGS)

Decision rationale: The request for Retrospective Elec Osteogen Stim Spinal (electrical bone growth stimulator) DOS: 6/5/14is not medically necessary. The Official Disability Guidelines state bone growth stimulator may be considered medically necessary as an adjunct to spinal fusion surgery if the fusion is to be performed at more than one level, or if the injured worker has a history of a previous failed fusion; grade III or worse spondylolisthesis; a current smoking habit; diabetes, renal disease, or alcoholism; and/or significant osteoporosis. The submitted documentation indicates that the injured worker was recommended for a lumbar fusion at the L3-L4 level. However, there is a lack of documented evidence that the injured worker has significant comorbidities, history of a previously failed fusion, a current smoking habit, or a grade III or worse spondylolisthesis to warrant use of a bone growth stimulator. In the absence of documentation showing that the injured worker has an indication to support use of a bone growth stimulator per the referenced guidelines, the request is not supported. As such, the request is not medically necessary.