

Case Number:	CM14-0143077		
Date Assigned:	09/10/2014	Date of Injury:	04/10/2012
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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:

Patient is a 40 year-old male with date of injury 04/10/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/11/2014, lists subjective complaints as pain in the low back, neck, and bilateral lower extremities. Objective findings: Patient's gait was antalgic and he ambulated with the use of a cane. Tenderness to palpation was noted over the lumbar paraspinals with decreased lumbar range of motion in all planes due to pain. Decreased sensation was noted over the left L3, L4, L5, and S1 dermatomes. Strength was 4/5 for bilateral lower extremities. Diagnosis: 1. HNP of the lumbar spine with moderate to severe stenosis, multilevel 2. Left ankle strain 3. Multiple HNPs of the cervical spine 4. Cervical radiculopathy 5. Lumbar radiculopathy. Patient is status post micro lumbar decompression, left L5-S1 on 07/09/2013 and postlateral spine fusion and transforaminal lumbar interbody fusion at L5-S1 on 07/22/2014. Patient has completed 5 sessions of chiropractic treatment to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

External Bone Stimulator Purchase for Spine 1 unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Low back, Bone Growth Stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS)

Decision rationale: According to the Official Disability Guidelines, 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. There is no documentation of the criteria for use of invasive or noninvasive electrical bone growth stimulators listed in the ODG.