

Case Number:	CM14-0152393		
Date Assigned:	09/22/2014	Date of Injury:	08/01/2011
Decision Date:	10/28/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 08/01/2011. The mechanism of injury was not submitted for review. The injured worker has diagnosis of lumbar radiculopathy, right ankle sprain/strain, pain related insomnia, myofascial syndrome, neuropathic pain and pain related sexual dysfunction. Past medical treatment consists of physical therapy, ESIs, and medication therapy. Medications include Gabadone, Theramine, Sentra, Norco, methadone and LG/Hot compounded ointment. On 08/11/2014, the injured worker complained of low back pain. It was noted on the physical examination that the injured worker had a pain rate of 8/10 with medication and 10/10 without medication. There is no submitted evidence in the report showing that range of motion, sensation or motor strength had been tested. The treatment plan is for the injured worker to have access to external bone growth stimulator. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

External bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Bone growth stimulators (BGS).

Decision rationale: The request for an external bone growth stimulator is not medically necessary. The ODG suggests that bone growth stimulators are 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. 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 the use of invasive or noninvasive electrical bone growth stimulators are as follows; 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; 1 or more previous failed spinal fusions; grade 3 or worse spondylolisthesis; fusion to be performed at more than one level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis which has been demonstrated on radiographs. Given the above, the injured worker is not within the ODG criteria for the use of bone growth stimulators. There was no indication in the submitted report that the injured worker had or was going to have spinal fusion surgery. There was also no evidence of the injured worker having grade 3 or worse spondylolisthesis. Additionally, the request, as submitted, did not indicate the frequency or duration that the provider was requesting the external bone growth stimulator for. As such, the request is not medically necessary.