

Case Number:	CM14-0176126		
Date Assigned:	10/28/2014	Date of Injury:	06/20/2011
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 female who reported an injury on 06/20/2011. The mechanism of injury was a fall. Her diagnoses include lumbar sprain. Her past treatments were noted to include epidural steroid injections, physical therapy, and medication. Diagnostic studies include an MRI of the lumbar spine on 09/25/2014, which revealed spondylolisthesis at the L4-5 and compression of the L4 nerve roots. On 08/28/2014, she reported increased low back pain. The physical exam findings of the lumbar spine revealed decreased range of motion, left leg weakness, and decreased sensation in the bilateral lower extremities. Her current medications were not provided. Her treatment plan was noted to include a recommendation for lumbar discectomy and decompression with fusion at the L4-5 level. A Request for Authorization form for a PEMF bone growth stimulator was submitted on 09/17/2014. A specific rationale was not provided. The injured worker underwent an L4-5 fusion on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEMF Bone Growth Stimulator Purchase.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - 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, Bone growth stimulators (BGS).

Decision rationale: The request for a PEMF bone growth stimulator purchase is medically necessary. The Official Disability Guidelines recommend bone growth stimulation as an adjunct to spinal fusion surgery with documentation of risk factors for failed fusion, which include one or more previously failed spinal fusions; grade III or worse spondylolisthesis; fusion performed at more than one level; a current smoking habit; diabetes, renal disease, or alcoholism; and radiographic findings consistent with significant osteoporosis. The injured worker underwent a one-level lumbar fusion on 10/07/2014 and there is documented evidence of injured worker endorsing a current smoking habit. Therefore, based on documentation, the request is supported by the evidence-based guidelines. As such, the request for a PEMF bone growth stimulator purchase is medically necessary.