

Case Number:	CM14-0005779		
Date Assigned:	02/05/2014	Date of Injury:	07/21/2007
Decision Date:	03/24/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 31-year-old female who reported an injury on 07/21/2007. She was noted to have undergone a lumbar spine surgery on 10/07/2013. On 02/04/2014, she presented for a followup evaluation. She reported undergoing a successful lumbar decompression and stabilization procedure and reported significant improvement in her overall symptomatology. It was noted that she had mild residual symptoms related to her implants. A physical examination of the lumbar spine showed a well healed midline scar and tenderness to the lumbar paravertebral muscles. There was pain with terminal motion and residual right foot hypersensitivity. X-rays performed on the date of the visit reportedly showed excellent position of the implants without hardware failure at the L5-S1 and bone consolidation was present. She was diagnosed with cervical discopathy with radiculitis, right shoulder impingement syndrome, positive L5-S1 discogram and status post posterior lumbar interbody fusion. The treatment is for 1 bone growth stimulator. The rationale for treatment was to aid with a solid fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK-LUMBAR AND THORACIC (ACUTE AND CHRONIC)

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, Bown Growth Stimulators

Decision rationale: According to the Official Disability Guidelines, bone growth stimulators continue to be under study and there is no significant high quality evidence to support their use. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the lumbar spine. However, the guidelines state that bone growth stimulators continue to be under study with a lack of high quality evidence supporting their use and efficacy. Also, it was not stated that the injured worker was having any significant pain or limited activities of daily living to support that a bone growth stimulator would be medically necessary. Therefore, the request is not supported. As such, the request is not medically necessary.