

Case Number:	CM14-0201560		
Date Assigned:	12/11/2014	Date of Injury:	09/04/2012
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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 Surgery and is licensed to practice in New York. 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 patient is a 30-year-old female with date of injury of September 4, 2012. She has chronic back pain. She's been treated with physical therapy chiropractic care epidural injections and acupuncture. She's also had a TENS unit home exercises and multiple medications. Lumbar MRI from September 2014 shows mild L4-5 degenerative disc condition with facet degeneration. There is severe right L5-S1 facet degeneration. The patient continues to have chronic low back pain. Physical examination shows tenderness of L4-5 region. There is good strength in the bilateral extremities. There is decreased sensation in the feet bilaterally. X-ray show L4-5 disc space angulation with some abnormal motion at L4-5. L4-5 surgery has been recommended for fusion. At issue is whether bone growth stimulator is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Bone growth stimulator: 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) Chapter: Low Back- Lumbar & Thoracic Bone Growth Stimulators (BGS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low Back Pain Chapter, ODG Low Back Chapter

Decision rationale: This patient does not meet established criteria for bone growth stimulator. Specifically, the medical records do not document that the patient is at risk for fracture with surgical nonunion. The medical records indicate that the patient has been indicated for L4-5 single level fusion. Guidelines do not support the use of the bone growth stimulator for single level lumbar fusion surgery. Also, there were no identifiable risk factors for nonunion the medical records. The request for a bone growth stimulator is not medically necessary because criteria not been met.