

Case Number:	CM14-0216201		
Date Assigned:	01/06/2015	Date of Injury:	12/04/2002
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of December 4, 2002. A utilization review determination dated December 2, 2014 recommends noncertification of an electrical bone stimulator for the lumbar spine. The note indicates that the patient had follow-up imaging which showed no lucency at the fusion site. Noncertification is recommended due to the surgery being a single level fusion with no documentation of risk factors for failed fusion. A physical therapy note dated October 31, 2014 indicates that the patient underwent L4-L5 fusion. No physician progress reports or imaging studies have been provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Electrical Bone Stimulator (Lumbar spine): Upheld

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 Chapter, Bone growth stimulators (BGS)

Decision rationale: Regarding the request for a bone growth stimulator, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III 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. Within the documentation available for review, there is no documentation that any of these risk factors are present. In the absence of such documentation, the currently requested bone growth stimulator is not medically necessary.