

Case Number:	CM15-0015832		
Date Assigned:	02/05/2015	Date of Injury:	07/22/1997
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 46 year old man sustained an industrial injury on 7/22/1997. The mechanism of injury was not detailed. Treatment has included oral medications and surgical intervention. Physician notes dated 8/9/2014 show complaints of lumbalgia and thoracic and lumbar complaints. Recommendations include repeat surgery, and weaning from narcotics. No notes are found closer to the date of request. On 12/31/2014, Utilization Review evaluated a prescription for electrical bone stimulator spinal for purchase that was submitted on 1/27/2015. The UR physician noted there is no indication that the worker is failing the disc fusion or any indication of fusion being performed at any disc level. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical bone stimulator spinal for purchase: 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) Low Back Chapter, Bone Growth Stimulator (BGS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone growth stimulators (BGS), Low back

Decision rationale: The request is considered not medically necessary. According to ODG guidelines, this may be indicated as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. This does not apply to the patient. The stimulator is still under study with conflicting evidence. Therefore, the request is considered not medically necessary.