

Case Number:	CM15-0016953		
Date Assigned:	02/04/2015	Date of Injury:	11/04/2009
Decision Date:	05/11/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 11/4/09. He reported initial complaints of falling from a ladder 18 feet injuring the whole left side of body. The injured worker was diagnosed as having pain in joint involving lower leg, chronic; chronic pain due to trauma chronic; osteoarthritis localized, primary, involving lower leg, chronic; derangement of posterior horn of medial meniscus, chronic; loss of teeth due to accident, extraction, or local periodontal disease, chronic; spinal stenosis cervical region, chronic; cracked tooth, chronic. Treatment to date has included x-rays cervical spine (8/23/13); MRI cervical spine without contrast (8/23/14). Currently, PR-2 notes dated 9/19/14, the injured worker complains of musculoskeletal pain in the left arm, right hand and left knee that radiates to the left arm, left foot and left calf as burning, deep and shooting. There are subsequent notes submitted as well, but do not contain as detailed medical documentation. At this time, the medical documentation does not indicate any surgical intervention has taken place for any body parts. The provider requested Orthofix - E0748 which is described in the 2014 H.C.P.S procedure coding system as: osteogenesis stimulator, electrical, non-invasive, spinal applications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthofix: 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, 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 Low Back - Lumbar & Thoracic chapter, Bone growth stimulators.

Decision rationale: The patient presents with neck, left arm, left knee and mouth pain rated at 7/10 without and 5/10 with medications. The request is for ORTHOFIX. The request for authorization is not provided. MRI of the cervical spine, 08/23/13, shows degenerative disc disease at C4-5 and C6-7, and posterior osteophyte disc complexes at C6-7 that create moderate to severe narrowing of the right and left neural foramina. X-ray of the cervical spine, 08/23/13, shows degenerative disc disease at C6-7, and moderate to severe right and left neural foraminal stenosis at C6-7. The pain is aggravated by lifting and pushing. The pain is relieved by exercise. The pain remains in the same location of his neck, but is increasing. He feels weaker in his arms. He has increased headaches, lost 16lbs and his anxiety is worsening. The patient is administered the American Quality of Life Scale and reports: with medications the patient is able to work for a few hours daily; can be active at least five hours a day; can make plans to do simple activities on weekends, and without medications the patient is able to work limited hours; take part in limited social activities on weekends. The patient had a left C6 selective nerve root block and his wrist/arm pain was temporarily relieved. Patient's medications include Ibuprofen, Voltaren Gel and Lidoderm Patch. Per progress report dated, 10/20/14, the patient is temporarily totally disabled. ODG Guidelines, Low Back - Lumbar & Thoracic chapter, under Bone growth stimulators states: "Under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases - e.g., revision pseudoarthrosis, instability, smoker. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary 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 fusions; 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." Treater does not discuss the request. No PR-2 is provided with request for authorization. In this case, the patient does not present with any of the "high risk" factors as defined by ODG guidelines for an Orthofix. Per progress report dated, 09/19/15, treater notes, "██████████ reiterated the seriousness of neck surgery, and that he should go forth if he feels the risk is [worth] the benefit. The longer this delay the more difficult the surgery may be and the greater likelihood of a poor long term outcome. They also called the adjuster and left a message asking why the surgery has been delayed by the Insurer." It appears the treater is awaiting authorization for cervical spine surgery and the patient is not scheduled for surgery at this time. Therefore, the request IS NOT medically necessary.