MAXIMUS Federal Services

Case Number:	CM15-0123878		
Date Assigned:	07/08/2015	Date of Injury:	06/26/2011
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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:

The injured worker is a 34 year old male with an industrial injury dated 06/26/2011. The injured worker's diagnoses include lumbago status post posterior lumbar interbody fusion in 2014. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported frequent pain in the low back with radiation in the lower extremities and hypersensitivity in the right leg. The injured worker rated pain a 4/10. The injured worker also reported increased hardware pain, right hip pain, leg pain and difficulty sleeping. Objective findings revealed well healing lumbar incision and hypersensitivity of right greater than left medial aspect of the leg. The treating physician prescribed services for bone stimulator purchase now under review. Flexion and extension dynamic radiographs of the lumbar spine reveal no hardware failure, good position and alignment, L2-4 PLIF.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator 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.

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: According to ODG' s low back chapter, bone growth stimulators are under study. Per ODG, the following are the 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 fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. The medical records do not establish that the injured worker meets the criteria for a bone growth stimulator. Per the submitted medical records, flexion and extension dynamic radiographs of the lumbar spine reveal no hardware failure, good position and alignment, L2-4 PLIF. The request for Bone stimulator purchase is not medically necessary and appropriate.