

<b>Case Number:</b>	CM15-0126652		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/23/2011
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Massachusetts

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:

The injured worker is a 57 year old male, who sustained an industrial injury on 1/23/11. He reported back and abdominal pain. The injured worker was diagnosed as having chronic low back pain with anterolisthesis, neuroforaminal narrowing, and status post umbilical hernia repair on 2/16/11 with chronic pain. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of low back pain. The treating physician requested authorization for an external bone growth stimulator. The treatment plan included L5-S1 transforaminal lumbar interbody fusion and L5-S1 PSF/PSI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: external bone growth stimulator:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 & Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

**Decision rationale:** The claimant sustained a work injury in January 2011 and is being treated for chronic low back pain. The claimant's past medical history includes diabetes, hypertension, hypercholesterolemia, and depression. He has spondylolisthesis and a two level lumbar fusion is being planned. The claimant's BMI is over 32. Authorization for the use of a bone stimulator following his lumbar surgery was requested. In terms of a bone growth stimulator, case by case recommendations are necessary. A bone stimulator may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for failed fusion. Risk factors in this case include a fusion to be performed at more than one level and a history of diabetes. The requested bone stimulator is medically necessary.