MAXIMUS Federal Services

Case Number:	CM15-0174475		
Date Assigned:	09/16/2015	Date of Injury:	05/07/2009
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female sustained an industrial injury on 5-7-09. Documentation indicated that the injured worker was receiving treatment for low back pain with sciatica. The injured worker underwent L2-3 fusion and L3-4 hardware removal in February 2015. In a PR-2 dated 3-23-15, the injured worker was two weeks status post L2-3 fusion and L3-4 hardware removal. The physician stated that the injured worker was recovering as expected with no unforeseen complaints. Physical exam was remarkable for well-healing incisions, intact neurovascular status with no evidence of deep vein thrombosis or hematoma. The physician stated that postoperative x-rays had been denied by insurance. A bone growth stimulator was dispensed during the office visit. On 8-26-15, Utilization Review noncertified a request for a retrospective (3-23-15) bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 03/23/15): 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), Lumbar Chapter (online version), 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, bone growth stimulator.

Decision rationale: The patient had a single level fusion, with bone growth stimulator approved for three-month rental. The MTUS guidelines for post-operative management do not specifically address bone growth stimulators. The ODG describes bone growth stimulators as "under study" and amidst conflicting evidence, recommends consideration of use of a bone stimulator for a multilevel fusion. Given this patient's history of fusion at a single level along with a prior fusion (L3-4) and the recommendations per the ODG addressing smoking as a clear risk factor, use of a bone growth stimulator is reasonable. Therefore, the request for a bone stimulator is medically necessary as it may result in improved operative outcome.