

Case Number:	CM15-0047170		
Date Assigned:	03/19/2015	Date of Injury:	10/19/2012
Decision Date:	05/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old male sustained an industrial injury to the back on 10/19/12. Previous treatment included physical therapy, magnetic resonance imaging and medications. In a PR-2 dated 1/29/15, the injured worker reported that he felt like his symptoms had progressed significantly with ongoing back pain and lower extremity pain, numbness and weakness. Physical exam was remarkable for atrophy in the left shin compared to the right, tenderness to palpation to the midline lumbar spine, positive straight leg raise on the left and decreased sensation to light touch in bilateral lower extremities. The injured worker walked with fairly good coronal and sagittal balance. The physician noted that recent magnetic resonance imaging showed progression of disease at L4-5. The treatment plan included proceeding with lumbar fusion, with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: physical therapy 3 times a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 34 visits over 16 weeks for a lumbar fusion. The initial course of therapy is half of these visits, which is 17. The request as stated is for 18 visits, which is close to the guidelines and as such, the request is appropriate and medically necessary.

Associated surgical service: external bone growth stimulator: 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 (updated 01/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Bone growth stimulator.

Decision rationale: ODG guidelines indicate a bone growth stimulator is appropriate when the fusion involves more than one level, is a revision, and there is a history of smoking, diabetes or other comorbidities including osteoporosis, which may result in a pseudoarthrosis. The documentation provided does not indicate such comorbidities. There is no history of smoking. The fusion is at 1 level and is not a revision. As such, the request for a bone growth stimulator is not supported by guidelines and is not medically necessary.