

Case Number:	CM15-0065673		
Date Assigned:	04/13/2015	Date of Injury:	09/29/2013
Decision Date:	05/18/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 50 year old male patient who sustained an industrial injury on 09/29/2013. A follow up visit dated 03/04/2015 reported the patient being status post spinal fusion at L4-5 on 2/16/15. The injured worker is status post prior fusion at L5-S1. Overall, the patient is doing much improved today. He is still experiencing some left anterior thigh pain with a burning sensation on the left, but overall he is improving. He sees another provider for pain management. He is positive for increasing depression, as he has in the past after surgery and medication weaning. The plan of care involved follow up in 6 weeks, and no driving until off from medications. He is to continue with Neurontin and follow up with specialist. X-rays revealed no abnormality of the hardware. The patient is not a smoker. He does not drink and he is not diabetic.

IMR ISSUES, DECISIONS AND RATIONALES

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

DJO bone 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 - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to ODG, Bone growth stimulators (BGS) are under study. 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. In this case, the injured worker is status post prior lumbar fusion at L5-S1. He has developed adjacent segment disease and underwent lumbar fusion at the L4-5 level on 2/16/15. However, the injured worker does not meet the criteria for a bone growth stimulator. The injured worker is not a smoker and does not drink alcohol. He is not a diabetic and there is no evidence of spondylolisthesis. X-rays revealed no abnormality of the hardware. The request for DJO bone stimulator is not medically necessary and appropriate.

Follow-up office visit (in 6 weeks): 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) Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG, Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The injured worker is status post lumbar fusion and the request for follow up visit is supported. The request for Follow-up office visit (in 6 weeks) is medically necessary and appropriate.