

Case Number:	CM15-0073422		
Date Assigned:	04/23/2015	Date of Injury:	02/25/2002
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 60 year old male who sustained a work related injury February 25, 2002. Past history included hypertension, diabetes, s/p L4-S1 decompression, 2004 and cervical decompression and fusion, 2013. According to a physician's new exam and treatment report, dated March 18, 2015, the injured worker developed severe pain in his lower back radiating down to bilateral thighs, right more than left in November 2014. He had been treated with an epidural injection and physical therapy without success. Assessment is documented as severe lumbar stenosis at L3-L4 (large disc herniation at L3-L4/MRI). Treatment plan included request for authorization for L3-4 decompression and possible instrumented fusion. At issue, is the request for Orthofix bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthofix bone growth stimulator Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Integrated treatment / disability duration guidelines / criteria for use for invasive or non-invasive electrical bone growth stimulator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone growth stimulator.

Decision rationale: According to ODG guidelines, bone growth stimulators are indicated and patients undergoing spinal fusion with high-risk for slow fusion. However, there are no strong clinical studies supporting bone growth stimulators. There is no documentation that the patient is undergoing lumbar fusion involving multiple levels and putting him at high risk of incomplete fusion. Therefore, the request for Orthofix bone growth stimulator is not medically necessary.