

<b>Case Number:</b>	CM15-0076797		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 55 year old male, who sustained an industrial injury on 3/8/11. The injured worker has complaints of neck pain with radiation into the bilateral shoulders and his lower back has radiation into his bilateral lower extremities to his feet. The diagnoses have included lumbosacral sprain/strain; discopathy L5-S1 (sacroiliac) with annular tear at L4-L5; left knee contusion, status post prior knee arthroscopy; cervical sprain/strain with radiation, both shoulders and upper extremities; bilateral shoulder sprain/strain with presumed impingement; bilateral elbow sprain/strain (triceps tendinosis); tinnitus and hearing loss and questionable aggravation of diabetes and hypertension due to ongoing pain. Treatment to date has included physical therapy; X-rays; magnetic resonance imaging (MRI) and discogram three levels L3 through S1 (sacroiliac) performed. The request was for bone growth stimulator (orthofix).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth stimulator (orthofix):** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Guidelines state that electrical bone growth stimulator may be indicated as an adjunct to spinal fusion surgery for patients with risk factors for failed fusion. In this case, surgical intervention is not currently recommended. Thus, the request for a bone growth stimulator is not medically appropriate and necessary.