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## Independent Medical Review Final Determination Letter

3028  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0023325	<b>Date of Injury:</b>	04/11/2003
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/12/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
99245, 99245, 99245, E0748			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old male who reported an injury on 04/11/2003. The patient's current diagnoses include degenerative disc disease cervical, postlaminectomy syndrome of cervical region, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, displacement of lumbar intervertebral disc, chronic pain, hypertension, spondylosis, failed back surgery syndrome lumbar, radiculopathy thoracic or lumbosacral, and displacement of cervical intervertebral disc. The patient was recently evaluated by Dr. [REDACTED] on 10/03/2013. Physical examination revealed tenderness to palpation of the lumbar spine, reduced range of motion, antalgic gait, normal muscle tone of bilateral lower extremities, normal strength of bilateral lower extremities, intact sensation, and preserved and symmetric deep tendon reflexes. Treatment recommendations included a hardware block at L2-3 and trigger point injection at L5-S1.

## **IMR DECISION(S) AND RATIONALE(S)**

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

### **1. Rental external fusion stimulator is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg.307, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms, activity limitations due to radiating leg pain, clear clinical, imaging, and electrophysiologic evidence of an abnormality or lesion, and a failure to respond to conservative treatment to resolve disabling radicular symptoms. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Official Disability Guidelines state criteria for the use of invasive or non-invasive electrical bone growth stimulator includes 1 or more previous failed spinal fusion, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, a current smoking habit, diabetes or renal disease or alcoholism, or significant osteoporosis which has been demonstrated on radiographs. As per the clinical notes submitted, the external fusion stimulator was recommended for 3 months to 6 months to assist with pseudoarthrosis at L2-3 following fusion; however, the patient's lumbar fusion at L2-3 was completed in 2011. Therefore, the patient is no longer in the postoperative treatment period. The patient's latest x-ray of the lumbar spine dated 08/01/2013 indicated prior fusion with hardware in place posteriorly at L2-4. The appropriateness of a bone stimulator late in the course of a lumbar fusion is not established. The patient's latest physical examination only revealed tenderness to palpation with limited lumbar mobility. There was limited discussion of the care provided postoperatively. The medical necessity for the requested procedure has not been established. Therefore, based on the clinical information received, the request is non-certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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