

Case Number:	CM13-0016104		
Date Assigned:	10/11/2013	Date of Injury:	05/26/2002
Decision Date:	01/14/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/24/2013

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 Occupational Medicine, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee and low back pain associated with an industrial injury on May 26, 2002. Thus far, the applicant has been treated with the following: analgesic medications, prior lumbar fusion surgery, a walker, transfer of care to and from various providers in various specialties, topical agents, muscle relaxants, extensive periods of time off from work, and a bone scan of the lumbar spine and hip (November 30, 2012), which was notable for osteopenia. The applicant did present to the emergency department on September 7, 2013, with an acute flare of chronic low back pain. An earlier note of July 15, 2013 reflects that the applicant has a history of prior staphylococcal infection following prior lumbar spine surgery; she is no longer working as a truck driver. She last underwent spine surgery on May 13, 2013 and is still having post-operative pain issues. She was given refills of methadone, Oxycodone, and Robaxin. Physical therapy is sought. X-rays of the lumbar spine dated June 18, 2013 suggest that the applicant has a thoracolumbar fusion in place with no evidence of hardware complication. There is no specific mention of osteopenia. The request for authorization of two bone growth stimulators is dated July 17, 2013. An attached letter states that the applicant already received two bone growth stimulators on May 22, 2013. No clinical progress notes were attached to the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

two bone growth stimulators: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines section on Integrated Treatment/Disability Duration.

Decision rationale: The applicant was already issued two bone growth stimulators through the prior utilization review report of July 24, 2013. The MTUS does not address the topic of bone growth stimulators. The Official Disability Guidelines (ODG) Low Back chapter, Bone Growth Stimulator topic suggests that criteria for usage of bone growth stimulations include evidence of risk factors for failed fusion, which include one or more previously failed spinal fusions, grade 3 spondylosis, and/or evidence of osteoporosis, which has been demonstrated on radiographs. In this case, the applicant has radiographic evidence of osteopenia, and has failed prior fusion surgery; thus the applicant has two or more criteria for the bone growth stimulator. However, it is not clear why two separate bone growth stimulators are needed here as opposed to one stimulator alone, and the attending provider did not clearly state why two devices were indicated; therefore, the request for two separate bone stimulators is not certified.