

Case Number:	CM13-0004904		
Date Assigned:	10/14/2014	Date of Injury:	08/14/1982
Decision Date:	12/11/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/31/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Maryland. 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/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 employee was a 74 year old female who sustained an industrial injury on 08/14/1982. She was status post posterior arthrodesis with osteotomy and instrumentation at T10-S1. A lumbar spine CT scan from 04/03/12 was status post posterior decompression with pedicle screw effusion from L2-L5 and residual fracture of pedicle screw on the right at S1, but there is no hardware fusion at L5-S1. The lumbar spine x-ray from 05/28/13 showed interval fracture of both connecting rods and likely the posterior graft material between the L2 and L4 level as well as stable appearing L3 posteriorly compressed vertebra. The clinical note from 06/04/13 noted that she had bilateral fractured rods. There was concern for possible enhanced neural compression secondary to the fracture and destabilization. So she was referred to emergency room. On 06/06/13, she underwent posterior hardware removal at T10 to S1, and revision of pedicle screw instrumentation and posterior arthrodesis bilaterally from T10 to S1. Her other medical problems included diabetes mellitus on insulin, hypertension, hyperlipidemia, hypothyroidism and history of staphylococcal infection of spine. The request was for bone growth stimulator, intermittent cold therapy prevention, limb compression devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stim: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter

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

Decision rationale: The employee was a 74 year old female who sustained an industrial injury on 08/14/1982. She was status post posterior arthrodesis with osteotomy and instrumentation at T10-S1. A lumbar spine CT scan from 04/03/12 was status post posterior decompression with pedicle screw effusion from L2-L5 and residual fracture of pedicle screw on the right at S1, but there is no hardware fusion at L5-S1. The lumbar spine x-ray from 05/28/13 showed interval fracture of both connecting rods and likely the posterior graft material between the L2 and L4 level as well as stable appearing L3 posteriorly compressed vertebra. The clinical note from 06/04/13 noted that she had bilateral fractured rods. There was concern for possible enhanced neural compression secondary to the fracture and destabilization. So she was referred to emergency room. On 06/06/13, she underwent posterior hardware removal at T10 to S1, and revision of pedicle screw instrumentation and posterior arthrodesis bilaterally from T10 to S1. Her other medical problems included diabetes mellitus on insulin, hypertension, hyperlipidemia, hypothyroidism and history of staphylococcal infection of spine. The request was for bone growth stimulator, intermittent cold therapy prevention, limb compression device. According to Official Disability Guidelines, bone growth stimulation is considered medically necessary as an adjunct to spinal fusion surgery with any of the following risk factors: one or more previous failed spinal fusions, grade III or worse spondylolisthesis, fusion to be performed at more than one level, current smoking, diabetes, renal disease, alcoholism and osteoporosis demonstrated on radiographs. The employee was having fusion of levels T10 to S1 and had insulin dependent diabetes mellitus with osteopenia on x-rays. Given the high risk for failed spinal fusion and prior fracture of bilateral rods, the request for bone growth stimulator is medically necessary and appropriate.

Intermittent cold therapy prevention: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, venous thrombosis section, Shoulder chapter, continuous flow cryotherapy

Decision rationale: The employee was a 74 year old female who sustained an industrial injury on 08/14/1982. She was status post posterior arthrodesis with osteotomy and instrumentation at T10-S1. A lumbar spine CT scan from 04/03/12 was status post posterior decompression with pedicle screw effusion from L2-L5 and residual fracture of pedicle screw on the right at S1, but there is no hardware fusion at L5-S1. The lumbar spine x-ray from 05/28/13 showed interval

fracture of both connecting rods and likely the posterior graft material between the L2 and L4 level as well as stable appearing L3 posteriorly compressed vertebra. The clinical note from 06/04/13 noted that she had bilateral fractured rods. There was concern for possible enhanced neural compression secondary to the fracture and destabilization. So she was referred to emergency room. On 06/06/13, she underwent posterior hardware removal at T10 to S1, and revision of pedicle screw instrumentation and posterior arthrodesis bilaterally from T10 to S1. Her other medical problems included diabetes mellitus on insulin, hypertension, hyperlipidemia, hypothyroidism and history of staphylococcal infection of spine. The request was for bone growth stimulator, intermittent cold therapy prevention limb compression device. According to Official disability guidelines, DVT prophylaxis is recommended in patients who are at high risk of developing venous thrombosis. The employee had hardware removal and multilevel fusion on 06/06/13. The employee was at high risk for DVT given the multilevel spinal fusion surgery, obesity, advanced age and immobile status postoperatively. The guidelines also recommend cryotherapy as an option for postoperative treatment. Hence the compression device with intermittent cold therapy is medically necessary and appropriate.

Limb compression device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Venous thrombosis.

Decision rationale: The employee was a 74 year old female who sustained an industrial injury on 08/14/1982. She was status post posterior arthrodesis with osteotomy and instrumentation at T10-S1. A lumbar spine CT scan from 04/03/12 was status post posterior decompression with pedicle screw effusion from L2-L5 and residual fracture of pedicle screw on the right at S1, but there is no hardware fusion at L5-S1. The lumbar spine x-ray from 05/28/13 showed interval fracture of both connecting rods and likely the posterior graft material between the L2 and L4 level as well as stable appearing L3 posteriorly compressed vertebra. The clinical note from 06/04/13 noted that she had bilateral fractured rods. There was concern for possible enhanced neural compression secondary to the fracture and destabilization. So she was referred to emergency room. On 06/06/13, she underwent posterior hardware removal at T10 to S1, and revision of pedicle screw instrumentation and posterior arthrodesis bilaterally from T10 to S1. Her other medical problems included diabetes mellitus on insulin, hypertension, hyperlipidemia, hypothyroidism and history of staphylococcal infection of spine. The request was for bone growth stimulator, intermittent cold therapy prevention limb compression device. According to Official disability guidelines, DVT prophylaxis is recommended in patients who are at high risk of developing venous thrombosis. The employee had hardware removal and multilevel fusion on 06/06/13. The employee was at high risk for DVT given the multilevel spinal fusion surgery, obesity, advanced age and immobile status postoperatively. The guidelines also recommend cryotherapy as an option for postoperative treatment. Hence the compression device with intermittent cold therapy is medically necessary and appropriate.

