

<b>Case Number:</b>	CM13-0033356		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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. 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 patient reported an injury on 02/26/2009. The mechanism of injury was not stated. The patient is diagnosed with postoperative lower extremity edema, right lateral thigh musculoligamentous spasm and edema, and status post L5-S1 global arthrodesis. A request for authorization was submitted by [REDACTED] on 10/23/2013 for an external bone growth stimulator. The patient was seen by [REDACTED] on 10/15/2013. The patient underwent L5-S1 anterior/posterior interbody lumbar fusion in 09/2013. The patient reported lower back and leg pain. Physical examination revealed a well healing incision in the lower abdominal area as well as the lower back, right thigh swelling with musculoligamentous spasm, intact sensation, and 5/5 motor strength. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTERNAL BONE GROWTH STIMULATOR (RENTAL OR PURCHASE): 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Growth Stimulator.

**Decision rationale:** Official Disability Guidelines state that non-invasive or invasive method of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with specific risk factors for a failed fusion. As per the documentation submitted, the patient is status post L5-S1 lumbar fusion. However, there is no documentation of a previously failed spinal fusion, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis. Therefore, the patient does not currently meet criteria for the requested durable medical equipment. As such, the request is non-certified.

**LUMBAR BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace, Post-operative, Fusion.

**Decision rationale:** Official Disability Guidelines state postoperative back brace is currently understudy. Given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. As per the documentation submitted, the patient is status post L5-S1 interbody fusion. However, there is no documentation of significant instability. The patient demonstrated a normal gait, intact sensation, and 5/5 motor strength. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

**VASCUTHERM DVT UNIT WITH BACK WRAP (RENTAL OR PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis.

**Decision rationale:** Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, the patient is status post L5-S1 interbody fusion. However, there is no indication that this patient is at high risk of developing a postoperative venous thrombosis. There was also no mention of a contraindication to anticoagulation therapy with oral medication or compression stockings as opposed to a motorized unit. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.