

<b>Case Number:</b>	CM13-0035999		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 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 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 patient is an injured worker who is status post lumbar fusion at L4-L5 on August 27, 2013. A comprehensive agreed orthopedic panel qualified medical re-evaluation report for the date of service 10/03/2013 was provided by [REDACTED]. Dates of injury were 10/01/2004-02/28/2010 (cumulative trauma) and 01/13/2010 (cumulative trauma). The patient's past medical history includes hypertension; right hand and left hand surgeries; left knee replacement surgery; right total knee replacement. On 01/16/2012, the patient underwent lower back laminectomy surgery with [REDACTED]. On 08/27/2013 the patient underwent decompression lumbar spine fusion at the L4-L5 level. Medications included Lotrel, Sonata, and Melatonin. Physical lumbar examination documents moderate tenderness, muscle tightness, spasm in the paravertebral area; SLR both on the right and left side was 60 degrees with pain both in the knees and the back; no range of motion was obtained due to the surgery; motor 4-5/5; DTR 2+. An operative report was reviewed by [REDACTED]. The patient was taken to the [REDACTED] on August 27, 2013 where the patient was taken to the operating room by [REDACTED]. The patient's postoperative diagnoses were status post previous lumbar decompression performed in 2011, multilevel lumbar degenerative disc disease, and L4-L5 spondylolisthesis and lumbar stenosis. Operative procedure: Extreme lateral lumbar interbody fusion, placement of structural synthetic graft at L4-L5, placement of cortical cancellous allograft at L4-L5, posterior lumbar fusion L4-L5 with instrumentation. A pre-operative note dated 08-27-2013 documented a medical history of hypertension managed with Lotrel. An MRI of the lumbar spine performed 07-01-2013 reported: Laminectomies have been performed, from L2 through L5, with central canal decompression. Degenerative changes are seen throughout the lumbar spine, most notable at the L4-L5 level. There is 25% anterolisthesis at this level. Impression: Post-surgical changes are seen, with laminectomies seen from the L2 through the L5 levels. Degenerative changes are

seen, with anterolisthesis at the L4-L5 level. The anterolisthesis is slightly increased. At L1-L2, a 4 mm left paracentral disc/osteophyte complex extrusion is superimposed on a diffuse disc bulge. There is mild central canal stenosis and mild bilateral neural foraminal narrowing. At L2-L3, a 4 mm broad-based right foraminal disc/osteophyte complex protrusion is superimposed on a diffuse disc bulge. There is severe right and moderate to severe left neural foraminal narrowing. At L3-L4, a 3\*4 mm disc/osteophyte complex bulge is seen with moderate bilateral neural foraminal narrowing. At L4-L5, a 3 mm disc/osteophyte complex bulge is seen with severe bilateral neural foraminal narrowing. There is grade Z anterolisthesis which is increased compared to the prior exam. At L5-S1, a 3 mm disc/osteophyte complex bulge is seen with severe right and moderate to severe left neural foraminal narrowing. A utilization review dated 10-03-2013 recommended non-certification of Spinalogic stimulator electrotherapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SPINALOGIC STIMULATOR ELECTRO THERAPY (OSTEOGENESIS STIMULATOR) LUMBAR: 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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** Official Disability Guidelines (ODG) states that bone growth stimulators (BGS) are under study. Per the ODG, "There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes...Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs." The medical records provided for review did not discover any of the above risk factors. Therefore, the request for a SpinaLogic Stimulator Electrotherapy is not medically necessary and appropriate