

<b>Case Number:</b>	CM13-0065181		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Orthopedic Surgery, has a subspecialty in Spinal Surgery 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 a 50-year-old female with an industrial injury on 8/11/11. MRI of the lumbar spine on 7/17/12 demonstrates L5-S1 neural foraminal stenosis bilaterally, L4-5 left lateral recess narrowing and neural foraminal stenosis bilaterally. Otherwise, the MRI is essentially unremarkable. The patient was admitted on 3/25/13 for anterior cervical discectomy and fusion at C5-6. Exam notes from 8/28/13 demonstrate patient's neck is doing great but she is in severe low back pain. MRI on 8/28/13 demonstrates significant disc herniation and damage at L4-5 and L5-S1 with settling. L4-5 interlaminar epidural steroid injections were performed on 11/13/13. Exam notes from 11/21/13 demonstrate complaint of low back pain. Exam revealed plantar flexors and dorsiflexors were weak bilaterally, rated 4/5. Sensation was decreased at the L5 S1 distribution bilaterally. There were no Wadell's signs. Treatment plan included anterior and posterior L4-S1 decompression and fusion, medications (Nucynta & Motrin), bone stimulator, and back brace. Request is for a bone stimulator and lumbar back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE STIMULATOR AND LUMBAR BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-301. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, the claimant does not meet medical necessity for a lumbar back brace secondary to chronic low back pain. CA MTUS/ACOEM is silent on the issue of bone stimulator. Per the ODG, bone growth stimulation is medically necessary as an adjunct to spinal fusion with risk factors for failed fusion. In this clinical scenario the claimant does not meet any criteria for bone growth stimulator as outlined in the guidelines. Therefore the determination is for non-certification for both bone stimulator and lumbar back brace.