

<b>Case Number:</b>	CM14-0104263		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/24/1996
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Family 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 injured worker is a 56 year old male whose date of injury is 04/24/1996. The mechanism of injury is not described, but the injured worker is noted to be status post lumbar laminectomy / discectomy x 2 at L4-5 and L5-S1 in 1998. Treatment to date has included physical therapy, chiropractic, medications, and trigger point injections. MRI of the lumbar spine done 05/19/14 was noted to show evidence of moderate to severe left neural foraminal narrowing at L4-5 with impingement on the left exiting nerve; mild right neural foraminal narrowing was seen. At L5-S1 there was moderate to severe bilateral neural foraminal narrowing and likely impingement of the bilateral L5 exiting nerves. There was mild bilateral neural foraminal narrowing at L3-4, with L2-3 mild central canal stenosis and foraminal narrowing. The injured worker was seen on 06/05/14 with complaint of low back pain with lower extremity pain and numbness. He is reported to have progressive back pain with radiation to the lower extremities left worse than right. On examination motor strength was 4-/5 for left dorsiflexion. Light touch sensation was diminished in the left lateral shin and anterior foot. Moderate to severe tenderness to palpation over the mid lumbar spine was noted. There was back pain with extension beyond 20 degrees. Straight leg raise was positive on the left at 45 degrees. The injured worker apparently was recommended for TLIF L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**External Bone Growth Stimulator:** Upheld

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

**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, Bone growth stimulators (BGS).

**Decision rationale:** Current evidence-based guidelines reflect that bone growth stimulators are under study, and there is conflicting evidence regarding efficacy of such devices with some limited evidence for improving fusion rates in high risk cases. It appears that the injured worker was recommended to undergo a 2-level transforaminal lumbar interbody fusion, but there is nothing in the records to indicate that the surgery was performed. Given the current clinical data, medical necessity is not established.

**Aspen LSO (lumbar sacral orthosis) Lumbar Brace:** Upheld

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

**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, Back brace, post-operative (fusion).

**Decision rationale:** Current evidence-based guidelines reflect that there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. It appears that the injured worker was recommended to undergo a 2-level transforaminal lumbar interbody fusion, but there is nothing in the records to indicate that the surgery was performed. Given the current clinical data, medical necessity is not established for Aspen LSO (lumbar sacral orthosis) Lumbar Brace.