

<b>Case Number:</b>	CM14-0013003		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational 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 a 53-year-old female who has submitted a claim for back pain, sciatica, spinal stenosis with neurogenic claudication, and lumbar degenerative disc disease associated with an industrial injury date of July 15, 1997. Medical records from 2013-2014 were reviewed. The patient complained of middle back pain, moderate in severity. The pain was characterized as throbbing, aching, and stabbing. The pain was precipitated by exertion. The patient was status post posterior spinal fusion, lumbar laminectomy, and transforaminal lumbar interbody fusion at L4-L5 on January 14, 2014 and was doing well overall. The patient was walking every day, decreasing narcotics usage, and generally improving. Recent physical examination showed a clean and dry surgical incision without any erythema, drainage or other signs of infection. There was no lumbar spine tenderness, crepitation, warmth, or palpable deformity. An MRI of the lumbar spine, dated July 12, 2013, revealed moderate to severe L4-L5 canal narrowing secondary to new anterolisthesis of L4 on L5, an increased size of posterior disc protrusion which measures up to 4.5mm, and slight bilateral L3-L4 lateral recess narrowing secondary to slightly increased facet arthropathy and ligamentum flavum thickening. Treatment to date has included medications, activity modification, back surgery, lumbar epidural steroid injection, and lumbar surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE GROWTH STIMULATOR PURCHASE FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Stimulators (BGS).

**Decision rationale:** The MTUS/ACOEM guidelines do not address this issue, so alternate guidelines were used. The Official Disability Guidelines state that 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: previous failed spinal fusion, grade III spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis. In this case, the patient underwent posterior spinal fusion, lumbar laminectomy, and transforaminal lumbar interbody fusion at L4-L5 on January 14, 2014. Recent progress reports state that the patient is doing well overall, decreasing narcotics use, and improving in general. The medical records failed to provide evidence of the presence of risk factors for failed fusion. As such, the request is not medically necessary.