

<b>Case Number:</b>	CM14-0129886		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/20/1994
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old male with an injury date of 07/20/1994. Based on the 07/15/2014 progress report, the patient complains of low back pain and of leg pain which he rates as a 9/10. He had a spinal cord stimulator removed on 07/01/2014 and is scheduled to have removal of hardware and revision fusion L3-L5 on 07/16/2014. His lower back pain radiates down to the bilateral lower extremities to his toes and is accompanied by cramping and burning. The patient reports having difficulty with daily living such as yard work and clearing his property. He also has problems with prolonged standing and walking. The patient has mild tenderness to palpation upon the lumbar midline and decreased range of motion for his lumbar spine. He also has a decreased right L4, L5, and S1 dermatomes to pinprick and light touch. The patient has a positive straight leg raise right at 40 degrees with pain to his toes. The 07/07/2014 MRI of his lumbar spine revealed the following: 1. Prominent disk bulge and broad-based protrusion at the L3-L4 level, with mild central canal and neuroforaminal canal stenosis. 2. Low-grade disk bulge at L2-L3. 3. Post fusion changes at the L3-S1 level with laminectomy at L4-S1. The patient's diagnoses include the following: 1. Pseudoarthrosis. 2. Status post removal of hardware, exploration of fusion, and extension of fusion to L3-L4. 3. Chronic pain syndrome. 4. History of perforated ulcer. The utilization review determination being challenged is dated 07/28/2014. Treatment reports were provided from 05/27/2014 - 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Bone Stimulator for Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bone Growth Stimulators.

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

**Decision rationale:** Based on the 07/15/2014 progress report, the patient complains of having lower back pain and leg pain. The request is for 1 bone growth stimulator for the lumbar spine. MTUS and ACOEM are silent with regard to this request. However, ODG Guidelines states that a bone growth stimulator for the lumbar spine is under study. There is no consistent medical evidence to support or refute the use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at high risk. If used, it is indicated for multi-level fusion surgery. Progress report dated 07/15/2014 indicates that the patient will be having removal of hardware and revision fusion L3-L5 on 07/16/2014. The report with the request was not provided, and the treater does not discuss why this patient is a high risk to consider bone stimulator. ODG Guidelines do not support routine use of bone stimulators. However, the patient is undergoing a revision surgery with prior multi-level fusion surgery. Given the risk for further pseudoarthrosis, recommendation is for authorization of the request bone growth stimulator.

## **10 Bone Stimulator Batteries: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bone Growth Stimulators.

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

**Decision rationale:** Based on the 07/15/2014 progress report, the patient complains of low back pain and of right leg pain. The request is for 10 bone stimulator batteries. MTUS and ACOEM are silent with regard to this request. However, ODG Guidelines states that a bone growth stimulator for the lumbar spine is under study. There is no consistent medical evidence to support or refute the use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at high risk. If used, it is indicated for multi-level fusion surgery. Progress report dated 07/15/2014 indicates that the patient will be having removal of hardware and revision fusion L3-L5 on 07/16/2014. The report with the request was not provided, and the treater does not discuss why this patient is a high risk to consider bone stimulator. ODG Guidelines do not support routine use of bone stimulators. However, the patient is undergoing a revision surgery with prior multi-level fusion surgery. Given the risk for further pseudoarthrosis, the patient is recommended for a bone stimulator as well as the 10 bone stimulator batteries needed for the stimulator. Recommendation is for authorization for the 10 bone stimulator batteries.

## **6 Bone Stimulator Supplies Leads: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bone Growth Stimulators.

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

**Decision rationale:** Based on the 07/15/2014 progress report, the patient complains of lower back pain and of right leg pain. The request is for 6 bone stimulator supplies/leads. MTUS and ACOEM are silent with regard to this request. However, ODG Guidelines states that a bone growth stimulator for the lumbar spine is under study. There is no consistent medical evidence to support or refute the use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at high risk. If used, it is indicated for multi-level fusion surgery. Progress report dated 07/15/2014 indicates that the patient will be having removal of hardware and revision fusion L3-L5 on 07/16/2014. The report with the request was not provided, and the treater does not discuss why this patient is a high risk to consider bone stimulator. ODG Guidelines do not support routine use of bone stimulators. However, the patient is undergoing a revision surgery with prior multi-level fusion surgery. Given the risk for further pseudoarthrosis, the patient is recommended for a bone stimulator as well as the 6 bone stimulator supplies/leads. Recommendation is for authorization for the 6 bone stimulator supplies/leads.