MAXIMUS Federal Services

Case Number:	CM14-0157725		
Date Assigned:	10/01/2014	Date of Injury:	01/04/2010
Decision Date:	12/04/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This patient is a 41 year old male with an injury date of 1/04/10. Based on the 7/30/14 progress report by [redacted], this patient "continues to complain of ongoing pain in the lower back with limited function" and he states it "varies in intensity" and "in ongoing need of medication due to this pain."Exam of the lumbosacral spine shows "there is normal lordosis and no scoliosis and the incision site is completely healed." There is "tenderness over the incision site with musculoskeletal spasms." Range of motion is "significantly decreased." Forward flexion is 20 degrees, 60 degrees is normal; extension is 10 degrees and 25 degrees is normal. Right and left lateral flexion are both 10 degrees and 25 degrees is normal. Patient expressed pain during the lumbar spine motions/maneuvers. Deep tendon reflex exam show the reflexes are hypoactive with 1+ for both right and left patellar and Achilles. Sensation is diminished to pinprick along the postural calf and thigh bilaterally. Gait and station are antalgic and patient ambulates with aid of a cane.Diagnosis for this patient is: Status post posterior spinal fusion at L4-5 and L5-S1 with failed fusion at L4-5. Work status as of 7/30/14: The patient is temporarily totally disabled.The utilization review being challenged is dated 8/22/14. The request is for external bone growth stimulator lumbar spine. Peer review non-certified the request, as the submitted documents did not include the official x-rays of the lumbar spine to provide radiographic documentation of failed fusion at L4-5.The requesting provider is [redacted] and he has provided various reports from 2/26/14 to 8/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

External bone growth stimulator for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: This patient presents with ongoing lower back pain with limited function, and varies with intensity. The request is for an external bone growth stimulator lumbar spine.ODG criteria for use for invasive or non-invasive electrical bone growth stimulators 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 7/30/14 progress report by the provider references x-rays of the lumbosacral spine, which included flexion and extension views, revealed "no fusion in either the lateral gutters at the L4-5 interspace." Also, there was a reference to the July, 2013 AME report, which authorized surgery for "the exploration and possible refusion at the L4-5 level," scheduled for 8/20/14. Given this patient's diagnosis of a failed fusion at L4-5, confirmed by lumbosacral x-rays, multi-level fusion surgery with potential revision, the request for an external bone stimulator for the lumbar spine seems appropriate. Recommendation is medically necessary.