

<b>Case Number:</b>	CM14-0036471		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/30/1990
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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 worker sustained an injury to his low back on January 30, 1990. At an orthopedic office visit on December 11, 2013, he was reported to be having persistent back pain, right buttock pain, and right leg numbness that was getting worse. He was being treated with pain medication. X-rays on 7/31/13 had revealed instability at L4-5 and MRI on 6/27/13 had shown stenosis at this same level, the level directly above his previous L5-S1 fusion which was stated to be "solid." His symptoms were attributed to these findings. EMG had shown chronic radiculopathy. Physical exam revealed limited lumbar range of motion and decreased sensation in the L5 distribution. Surgery was recommended consisting of minimally invasive anterior lumbar interbody fusion from a direct right-sided lateral approach with interbody implant and lateral fixation plate, L4-5. Also recommended was the use of an electrical bone growth stimulator postoperatively to enhance the chance of solid arthrodesis. A letter of medical necessity for the bone growth stimulator was written and stated, "The Spinal Bone Growth Stimulator significantly increases the rate of spinal fusion success in high risk patients. Specific risk factors applicable to this worker were not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrical Bone Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Bone Growth Stimulators

**Decision rationale:** In regards to bone growth stimulators, the ODG states, "there is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. " The ODG states: "Either invasive or noninvasive methods of electrical 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: (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." There was no indication of any of these risk factors in the medical record. Therefore, the spinal bone growth stimulator is not medically necessary.