

Case Number:	CM14-0049442		
Date Assigned:	07/07/2014	Date of Injury:	07/01/1988
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/17/2014

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 57-year-old male who has submitted a claim for Spinal Instability following Disk Replacement Arthroplasty L4-5, L5-S1; and right L5- S1 Scoliosis, associated with an industrial injury dated July 1, 1988. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent back pain accompanied by leg pain and back spasms. Upon physical examination, the patient could touch his hands to about the level of the knee. Extension and abduction were satisfactory. Sensory, motor, and deep tendon reflexes were intact. Lumbar spine x-ray dated October 16, 2013 revealed healing fusion of the spine, L4-S1, with XLIF cage, L4-5, femoral allograft, L5-S1, pedicle screws and rods, and EBI bone stimulator. Treatment to date, as of June 2013 includes medications, disc replacement arthroplasty at L4-5 as well as L5-S1, and spinal fusion at L4-5 and L5-S1. A Utilization review from March 21, 2014 denied the request for one purchase of an external bone growth stimulator for a 2-stage L4-5 and L5-S1 fusion, as an outpatient. This request was denied because it was unclear why the request was made 10 months post-surgery. There was no documentation indicating that the patient may have a non-union.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of an external bone growth stimulator for a 2 stage L4-5 and L5-S1 fusion, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: CA MTUS does not specifically address bone growth stimulators. The Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used to determine this request. ODG states, "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) previous failed spinal fusion; (2) grade III spondylolisthesis; (3) fusion to be performed at more than one level; (4) current smoking habit; (5) diabetes, renal disease, alcoholism; or (6) significant osteoporosis." The patient presented spinal instability following disc replacement arthroplasty. Furthermore, the patient underwent spinal fusion surgery at more than one level (L4-5 and L5-S1). Thus, the patient has risk factors for failed fusion. Therefore, the request for 1 purchase of an external bone growth stimulator for a 2 stage L4-5 and L5-S1 fusion, as an outpatient is considered medically necessary.