

Case Number:	CM14-0205935		
Date Assigned:	12/18/2014	Date of Injury:	10/06/1968
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 75-year-old male who reported an injury on 10/06/1968. His diagnoses include intervertebral disc disorder, lumbar radiculopathy, intervertebral disc disorder lumbosacral with displacement, and spinal instability of lumbar region. Past treatments included medications, surgery, and physical therapy. Pertinent diagnostic studies include an electrodiagnostic study performed on 07/16/2014, which was noted to reveal no evidence of lumbar radiculopathy, plexopathy, myelopathy, or motor neuron delays. X-rays of the lumbar spine performed on 11/14/2014 were noted to reveal posterolateral fusion without instrumentation at the L4-5 and L5-S1 levels. His surgical history was noted to include bilateral knee surgery in 1992 and a lumbar decompression of the L4-5 and L5-S1 performed on 09/23/2014. The progress note dated 11/14/2014 indicated the injured worker presented for a followup visit status post lumbar decompression of the L4-5 and L5-S1 fusion, with the injured worker reporting intermittent numbness and tingling in the right foot and toes. The progress note indicated that the injured worker's surgery outcome was excellent. The progress note dated 11/14/2014 also indicated the injured worker reported marked improvement, and that he was happy with his outcome. He also reported minimum discomfort, no pain, and no progressive neurological deficit. Physical examination revealed a well healed back incision, and the progress note indicated the injured worker was neurologically stable with no new motor or sensory deficits. It was also noted that the injured worker's range of motion included forward bending at 70 degrees and extension at 10 degrees. Relevant medications were noted to include tramadol 50 mg with frequency unspecified. The treatment plan included continued supportive

care measures, Doppler of the lower extremities to rule out DVT, AP and lateral radiographs of the lumbar spine, and a followup visit in 1 month. The request is for associated surgical service: external bone growth stimulator. The rationale for the request was not provided. The Request for Authorization was provided and was dated 11/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: External bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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: The Official Disability Guidelines indicate that the criteria for use for invasive or noninvasive electrical bone growth stimulators include that either method may be considered medically necessary as an adjunct to spinal fusion surgery for injured workers with any of the following risk factors for failed fusion: 1 or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, fusions were to be performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiograms. The injured worker underwent a spinal fusion at the L4-5 and L5-S1 levels on 09/23/2014. The x-rays performed on 11/14/2014 were noted to reveal no nonunion or significant cause for concern and it was noted that the injured worker did not demonstrate any significant risk factors that would hinder proper healing or significant risk factors for failed fusion. As such, the request is not supported. Therefore, the request for associated surgical service: external bone growth stimulator is not medically necessary.