

Case Number:	CM14-0051364		
Date Assigned:	06/23/2014	Date of Injury:	10/25/2010
Decision Date:	01/20/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 is a 33 year old male who sustained a work related injury on October 25, 2010. The mechanism of injury was not provided. Work status is unclear, but the documentation supports the injured worker has not worked in three years. Diagnostic testing included an electromyography and nerve conduction velocity study of the lower legs dated December 23, 2010 which revealed findings consistent with peroneal and posterior tibial neuropathy of axonal degenerative type and right sacral-one radiculopathy. An MRI dated February 16, 2012 showed lumbar five-sacral-one retrolisthesis secondary to pars defect and congenital partial sacralization with nerve compression and severe desiccation at lumbar four-five with foraminal lateral recess narrowing. A lumbar spine x-ray dated November 27, 2013 showed facet arthritis at lumbar four-five and lumbar five-sacral one. A computed tomography scan dated November 5, 2013 noted small bilateral pars interarticularis defects at the lumbar five level with a one to two millimeter anterolisthesis of lumbar five on sacral one, lumbar two-three disc bulging; unchanged from a prior study and slight disc narrowing at the lumbar four-five level. Current documentation dated February 13, 2014 notes that the injured worker continued to have severe low back pain. He reported the pain to be constant and the intensity to be eight out of ten. The pain radiated into the buttocks, greater on the right, dorsolateral thigh, calf, ankle and planter feet. Associated symptoms include numbness, tingling and progressive weakness on the right. Balance was noted to be poor and walking increasingly difficult. Current medications include Norco, Tramadol and Flexeril with minimal relief. Physical examination of the lower back revealed standing range of motion to be forty-five degrees with difficulty. Seated straight leg raises on the right were eighty degrees with a tension sign and ninety degrees on the left. The injured worker had diminished right heel walking and heel-to-toe rising. Diagnoses include lumbar five-sacral one grade I anterolisthesis with rotary subluxation, with confirmed traumatic

bilateral pars defect, lumbar four-lumbar five severe desiccation, interspace collapse, disc protrusion with lateral recess stenosis and sacral one-sacral two left conjoint nerve root and spina bifida occulta. Conservative treatments included physical therapy, chiropractic sessions and pain management. The treating physician requested an external bone growth stimulator. Utilization Review evaluated and denied the request on March 17, 2014. Per the Utilization Review documentation dated March 17, 2014 a request for a multi-level fusion procedure had been requested prior and deemed not medically necessary. Therefore, an external bone growth stimulator is likewise not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

External bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: ODG criteria for use for invasive or non-invasive electrical bone growth stimulators: 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. The bone growth stimulator is an adjunct to spinal fusion surgery. The spinal fusion has not been authorized as medically necessary by utilization review. As spinal fusion has not been deemed medically necessary, any adjunct is also medically unnecessary. Therefore, the request for bone growth stimulator is not medically necessary.