MAXIMUS Federal Services

Case Number:	CM15-0000854		
Date Assigned:	01/12/2015	Date of Injury:	02/28/2014
Decision Date:	04/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 62-year-old male who sustained an industrial injury on 02/28/2014. He reported he was going downstairs when he stepped on a piece of meat lying on one of the steps. His foot slipped out from under him causing him to fall down one-step. He landed on his right knee, striking the edge of the steps. As he fell, he twisted slightly and noticed a popping sensation in his lower back. He experienced immediate pain in his low back and right knee.The diagnoses have included musculoligamentous sprain/strain lumbar spine and spondylolytic spondylolisthesis of lumbar 5 - sacral 1 with instability and severe foraminal stenosis and lower extremity radiculopathy.Treatment to date has included x-rays showing a grade II spondylolytic spondylolisthesis at lumbar 5/sacral 1. Flexion/extension and lateral x-rays taken previously revealed on extension the spondylolisthesis reduces to approximately 2 mm and on flexion the spondylolisthesis is 10 mm indicating 8 mm of translation. MRI of lumbar spine performed on May 5, 2014 showed bilateral pars defects with Grade II spondylolytic spondylolisthesis. There was moderate to severe foraminal stenosis with compression of the right lumbar 5-nerve root as well as the left 5-nerve root.Currently, the IW complains of severe low back pain and bilateral leg pain. Physical exam noted tenderness in lumbar spine area. Straight leg raising was positive. Flexion - extension spinal x-ray showed instability at 6 mm. Prior treatment details include a concurrent request for anterior lumbar decompression and interbody arthrodesis and decompression, laminotomies and posterior spinal fusion at the levels of lumbar 5-sacral 1 which was certified. The IW has also been treated with physical therapy and medications.On 12/09/2014 Utilization Review non-certified a request for 3 months rental of pulsed

electromagnetic field bone stimulator noting while bone growth stimulators are considered as an adjunct to spinal fusion surgery guidelines do not recommend electromagnetic pulsed therapy due to the lack of sufficient literature evidence. Official Disability Guidelines were cited. On 01/05/2015, the injured worker submitted an application for IMR for review of the request for 3 months rental of pulsed electromagnetic field bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months rental of pulsed electromagnetic field (PEMF) bone 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 (ODG), Low Back, Electro Pulsed Therapy.

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 - Lumbar & Thoracic(Acute & Chronic), Bone Growth Stimulators (BGS).

Decision rationale: The requested 3 months rental of pulsed electromagnetic field (PEMF) bone stimulator, is not medically necessary.CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines(ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone GrowthStimulators (BGS), note "bone growth stimulation may be consideredmedically necessary as an adjunct to spinal fusion surgery forpatients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worsespondylolisthesis; (3) Fusion to be performed at more than one level;(4) Current smoking habit (Note: Other tobacco use such as chewingtobacco is not considered a risk factor); (5) Diabetes, Renal disease,Alcoholism; or (6) Significant osteoporosis which has beendemonstrated on radiographs."The injured worker has severe low back pain and bilateral leg pain, and is not currently a smoker. The treating physician has documented tenderness in lumbar spine area. Straight leg raising was positive. Flexion - extension spinal x-ray showed instability at 6 mm. The injured worker is not currently a smoker and the fusion was at one level, and the treating physician has not documented the medical necessity for this intervention, as guideline criteria have not been met. The criteria noted above not having been met, 3 months rental of pulsed electromagnetic field (PEMF) bone stimulator is not medically necessary.