

<b>Case Number:</b>	CM15-0103322		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Illinois, California, 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 49-year-old male who sustained an industrial injury on 8/7/13. Injury occurred when the injured worker slipped on a piece of firewood and fell. Past medical history was positive for high cholesterol and prostate problems. The 1/31/14 EMG/NCV study evidenced mild right L5/S1 motor radiculopathy. The 11/22/13 lumbar spine MRI impression documented mild congenital spinal stenosis throughout the 1st pine. There was degenerative bone, disc and joint changes seen throughout the lumbar spine with associated moderate to marked narrowing of the L5 neural foramina bilaterally and mild to moderate narrowing of the L1, L2, L3, and L4/5 neural foramina bilaterally. Findings documented decreased disc height and desiccation at L4/5 with no disc bulges or protrusions. At L5/S1, there was mild decreased disc height with disc desiccation, and a 2 mm diffuse disc bulge. There was no thecal sac abutment or nerve root compression identified. The 5/6/15 treating physician report cited back pain, and right greater than left radicular pain. He had limited standing and walking tolerances, limited to less than a block. He had completed physical therapy. He had bilateral L5 epidural steroid injection in August 2014 with no lasting relief. Psychiatric clearance for surgery was documented. Physical exam documented positive bilateral straight leg raise with non-dermatomal numbness in the lower extremities. X-rays showed multiple degenerative changes, moderate at L3/4 and moderate to severe at L4/5 and L5/S1. Imaging showed severe disc degenerative at L4/5 and L5/S1 with moderate bilateral neuroforaminal stenosis, right greater than left. He had failed conservative treatment including activity modification, injections, therapy, and medications. He had been out of work for more than one year. Authorization was requested for L4/5 and L5/S1 laminectomy and fusion with transforaminal lumbar interbody fusion autograft and allograft bone, and neuromonitoring. Fusion was warranted to allow for reestablishment of disc height and indirect decompression of the foramen. The 5/20/15 utilization review non-certified the request for transforaminal lumbar interbody fusion at L4/5

and L5/S1 as there was no documentation of significant central, lateral recess or foraminal stenosis, no evidence of significant disc bulge, nerve root or thecal sac compression, and no radiographic evidence of spinal segmental instability or spondylolisthesis. This request for bone growth stimulator was non-certified as the associated transforaminal lumbar interbody fusion was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bone Growth Stimulator purchase, purchase (post-operative lumbar fusion surgery):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines: Back - Criteria for Lumbar Spinal Fusion.

**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 & 1/2 Lumbar & Thoracic Bone growth stimulators (BGS).

**Decision rationale:** The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar 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; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have not been met. This injured worker presents with radicular low back pain with symptoms consistent with neurogenic claudication. A 2-level lumbar fusion was requested which would typically support the medical necessity of a bone growth stimulator. However, the records indicated that the associated fusion request was not found medically necessary due to no imaging evidence of significant stenosis or neural compression, no radiographic evidence of spinal segmental instability or spondylolisthesis to support the medical necessity of fusion surgery. Therefore, this request is not medically necessary at this time.