MAXIMUS Federal Services

Case Number:	CM15-0136662		
Date Assigned:	07/24/2015	Date of Injury:	07/01/2005
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This injured worker is a 64-year-old female who sustained an industrial injury on 7/1/05. Injury occurred catching a falling patient. He underwent bilateral neuroforaminotomy, medial facetectomy, and L5/S1 nerve root decompression on 4/5/07. Past medical history was positive for asthma and hypercholesterolemia. Social history was negative for smoking. The 6/17/15 treating physician report cited grade 8/10 low back and radicular leg pain with numbness and weakness. She was barely able to walk. She was in mild distress. Physical exam documented slow tandem gait with a cane. She was not able to attempt heel-toe walk. There was 3/5 right iliopsoas and quadriceps strength, and 0/5 tibialis anterior, extensor hallucis longus and gastrocsoleus strength. There was 4/5 left iliopsoas, hamstrings, and quadriceps strength, and 4+/5 tibialis anterior, extensor hallucis longus, and gastrocsoleus strength. There was globally decreased sensation in the right lower extremity. Imaging showed severe L4/5 and L5/S1 degenerative disc disease, lumbar spinal stenosis and herniated nucleus pulposus with neurologic compression. She underwent L4-S1 transforaminal lumbar interbody fusion on 6/23/15. Authorization was requested for a spinal electrical bone growth stimulator purchase. The 6/25/15 utilization review non-certified the request for a bone growth stimulator as there was no discussion regarding risk factors for failed fusion to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal electrical bone stimulator (purchase), quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Online Edition, Low Back - Lumbar & Thoracic Chapter, Bone growth stimulator.

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 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. This injured worker underwent a 2-level lumbar fusion on 6/23/15. Guideline criteria have been met on the basis of fusion performed at more than one level. Therefore, this request is medically necessary.