

Case Number:	CM15-0149780		
Date Assigned:	08/13/2015	Date of Injury:	02/12/2014
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 58 year-old female who sustained an industrial injury on 02-12-14. She reported low back pain. Initial diagnoses included lumbar disc disease. Prior treatments included lumbar decompression with fusion. The injured worker's current diagnoses include thoracic or lumbosacral neuritis or radiculitis-unspecified, lumbago, and spinal stenosis lumbar region with neurogenic claudication. Diagnostic testing and treatment to date has included x-ray, MRI, CT, laboratory analysis, physical therapy, and symptomatic medication management. Currently, the injured worker complains of low back pain with associated leg pain. In a progress note dated 07-17-15, the treating physician reports x-rays showing good alignment, but without complete fusion. The injured worker does have pain over the lateral aspect of the hip as well as some increased muscle tension on the left paraspinal muscles. Requested treatments include Osteogenesis Stimulator, electrical, non-invasive spinal applications (Bone Growth Stimulator). The injured worker is under modified duty. Date of Utilization Review: 07-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteogenesis Stimulator, electrical, non invasive spinal applications (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 - Bone growth stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bone growth stimulators (BGS) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Bone growth stimulators (BGS) Under study. There is conflicting evidence, so case-by-case recommendations are necessary (some RCTs with efficacy for high-risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudoarthrosis, instability, smoker). (Mooney, 1990) (Marks, 2000) (Akai, 2002) (Simmons, 2004) There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. (Resnick, 2005) Also see Fusion for limited number of indications for spinal fusion surgery. See Knee & Leg Chapter for more information on use of Bone-growth stimulators for long bone fractures, where they are recommended for certain conditions. 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. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003). There is no documentation that the patient have a failed back surgery with failed fusion. There is no documentation of pseudoarthrosis at this time. Therefore, the request for Osteogenesis Stimulator, electrical, non-invasive spinal applications (Bone Growth Stimulator) is not medically necessary.