

Case Number:	CM15-0161155		
Date Assigned:	08/28/2015	Date of Injury:	11/05/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 58-year-old male who sustained an industrial injury on 11/05/14. Injury occurred when he lifted a recycling bin with a co-worker weighing 60-70 pounds. He dropped one end of the container with resulting twisting injury to the low back. Past medical history was positive for hypertension and hyperlipidemia. Conservative treatment included activity modification, TENS unit, physical therapy, and medications. The 4/11/15 lumbar spine MRI impression documented a grade 2 lytic spondylolisthesis at L4/5 measuring 8.7 mm and a disc herniation with spinal canal and bilateral neuroforaminal narrowing, anterior annular tear/fissure, and bilateral pars defects. There was a 2.9 mm broad-based disc protrusion at L5/S1 abutting the thecal sac and producing bilateral neuroforaminal narrowing, and posterior annular tear/fissure. There was a 3 mm disc protrusion at T11/12 abutting the thecal sac and producing spinal canal narrowing. The 7/13/15 initial orthopedic consult cited 7/10 lower back pain without radicular symptoms. Pain was aggravated by prolonged sitting or standing, bending backward, coughing, sneezing, walking and bending forward. He was not able to work. Lumbar spine exam documented ambulation with a single point cane, no difficulty in toe or heel walk, no lumbar spine pain on palpation, and no significant paraspinal muscle spasms. Lumbar range of motion was moderate to markedly limited. Straight leg raise was negative. There was 4+/5 bilateral extensor hallucis longus weakness. Deep tendon reflexes were +2 and symmetrical. Imaging demonstrated a lytic defect at L4/5 with bilateral pars fracture and bilateral foraminal stenosis. His pain was quite disabling, and he could barely stand or walk. He had failed appropriate non-operative treatment. He had significant instability at L4/5 due to the lytic defect. The treatment

plan recommended an anterior-posterior surgery and open reduction at L4/5. Authorization was requested for a bone growth stimulator with in-office fitting. The 7/23/15 utilization review certified a request for the requested spinal fusion. The associated surgical request for a bone growth stimulator was non-certified as there was no documented pre-disposition for failure of the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Bone Growth Simulator with in-office fitting: 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), bone-stimulator (BGS).

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. Guideline criteria have not been met. This injured worker has been certified for a single level spinal fusion. There is evidence of a grade II spondylolisthesis. There is no documentation that the injured worker is a smoker. There was no documentation of diabetes, renal disease, alcoholism or significant osteoporosis. There is no compelling rationale presented to support the medical necessity of a bone growth stimulator for this injured worker at this time. Therefore, this request is not medically necessary.