

Case Number:	CM15-0169357		
Date Assigned:	09/10/2015	Date of Injury:	03/20/2006
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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, Oregon, Washington
 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 50 year old female, who sustained an industrial injury on 3-20-06. Initial complaints were not reviewed. The injured worker was diagnosed as having L4-5 spondylolisthesis; lumbar stenosis-spondylolysis right greater than left sciatica. Treatment to date has included physical therapy; lumbar transforaminal epidural steroid injection bilateral L5-S1 (4-27-11); bilateral L4-5 and L5-S1 facet joint injections without long term relief (8-18-11); Lumbar epidural steroid injection (7-30-14); urine drug screening; medications. Diagnostics studies included MRI lumbar spine (2-13-14); lumbar discogram L3-4, L4-5 and L5-S1 (10-16-09). Currently, the PR-2 notes dated 7-14-15 indicated the injured worker complains of lower back pain radiating to both legs. On physical examination of the cervical spine reveals range of motion allowing for flexion and extension of 45 degrees and rotation of 60 degrees on each side. Her neurological examination of the upper extremities is intact. Examination of the lumbar spine reveals range of motion allowing for flexion of 70 degrees, extension of 20 degrees and lateral flexion of 30 degrees on each side. Straight leg raising is positive on the right with weakness of the right calf. Diagnostic studies are documented by the provider noting x-rays of the lumbar spine (dated 4-15-15) in flexion and extension show L4-5 spondylolisthesis which moves from 2.5 to 8mm between extension and flexion. The provider concludes she has classic indications for L4-5 decompression and fusion for instability at L4-5 associated with disc degeneration, stenosis and instability. She has failed conservative management for this 9 year-old injury and would like to move forward with surgery as recommended. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 7-27-15 and non-certification was for a Bone Growth stimulator and a Hospital Bed for one month. Denial for a Bone Growth Stimulator was based on CA Medical Treatment

Utilization Schedule (MTUS) 2009 and the American College of Occupational and Environmental Medicine (ACOEM) - Treatment; Integrated, Neck and upper back Chapter, "Criteria for use for invasive or non-invasive electrical bone growth stimulators" as not medically reasonable or necessary at this time as there are no noted risk factors for a one - level fusion and for failed fusion. The Hospital Bed for one month denial indicated the request was not medically reasonable or necessary at this time. These were the authorized: Arthrodesis posterior laminectomy and/or discectomy to prepare L4-5 interspace; Arthrodesis posterior interbody technique, including laminectomy and/or discectomy to prepare interspace; Posterior lumbar arthrodesis; Transpedicular approach with decompression of spinal cord; Transpedicular approach with decompression of spinal cord additional segment; Posterior non-segmental instrumentation; Application of intervertebral biomechanical device; Allograft; Autograft; 3 day hospital stay; Assistant surgeon; pre-operative medical clearance; postoperative lumbar brace; front wheeler walker and shower chair with removable shower rail for two months. The provider is requesting authorization of Bone Growth stimulator and Hospital Bed for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Treatment in Workers' Compensation, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, bone growth stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the lumbar spine. According to the ODG, Low Back, bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level and there is no high risk factors demonstrated in the records submitted. Therefore, the request is not medically necessary.

Hospital Bed for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back.

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, Mattress selection.

Decision rationale: According to ODG regarding, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Thus according to ODG guidelines there is no indication for a hospital bed in this case. Therefore, the request is not medically necessary.