

<b>Case Number:</b>	CM15-0180319		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/03/1985
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 72-year-old male who sustained an industrial injury on 1/3/85. Injury occurred while he was helping two other men lift a mattress into a walk-in dumpster. He became caught between a refrigerator and the mattress, causing him to forcefully bend backwards. Past medical history was negative. Past surgical history was positive for L4/5 laminectomy in 1987, L5/S1 laminectomy in 1991, L3-L5 fusion with instrumentation in 1999, L1-L3 fusion with instrumentation in 2003, and T10-L3 fusion with instrumentation on 5/18/15. The 6/18/15 thoracolumbar x-rays impression documented status post instrumentation and fusion from T10-L2 with no evidence of hardware complications. The 7/27/15 thoracic spine MRI impression documented a 16x8 mm lesion in the anterior epidural space at T11/12 that may represent a recurrent disc extrusion or an epidural hematoma resulting in moderate to severe central canal stenosis. There was also high T2 signal in the adjacent spinal cord compatible with cord edema from cord compression. This was a limited study due to susceptibility artifact associated with incompletely imaged thoracolumbar spine hardware extending from T10 to the edge of the film at L1. The 8/20/15 treating physician report indicated that the injured worker was still quite disabled status post revision fusion and decompression. He continued to have imbalance with persistent foot numbness and pain in the left side. He had some symptomatic relief with acupuncture but desired to proceed with surgery. Physical exam documented his wounds were healed and he was using a thoracolumbosacral orthosis brace. He had 4/5 left tibialis anterior and extensor hallucis longus weakness with imbalance in heel to toe walk. The CT-myelogram showed significant stenosis and blockage of the dye column at T11/12, which appeared to be a

combination of either blood or disc. The lumbar spine MRI showed a large recurrent disc herniation on the left side centrally and in the lateral recess at T11/12. The injured worker had improvement in his symptoms following surgery in May 2015 but sustained a significant fall with new onset of pain, numbness, and imbalance that have persisted. He has a large T11/12 disc herniation with some worsening saddle anesthesia and imbalance. Authorization was requested for T11/12 transthoracic partial corpectomy, decompression of the spinal cord, strut graft and instrumentation with associated requests for co-surgeon, medical clearance, and bone growth stimulator with fitting. The 9/3/15 utilization review certified the T11/12 transthoracic partial corpectomy, decompression of the spinal cord, strut graft and instrumentation and associated requests for co-surgeon and medical clearance. The request for a bone growth stimulator with fitting was modified to 6-month rental of the bone growth stimulator with fitting. The 9/15/15 treating physician note indicated that the bone growth stimulator is dispensed only as a purchase.

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

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

#### **Bone growth stimulator rental in excess of the approved 6 month rental and fitting:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - (updated 07/17/15) Bone growth stimulators (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. This patient underwent multilevel thoracolumbar fusion on 5/18/15. He suffered a subsequent significant fall with imaging evidence of a large recurrent disc herniation at the T11/12 level. Surgery has been certified for T11/12 transthoracic partial corpectomy, decompression of the spinal cord, strut graft and instrumentation. The 9/3/15 utilization review modified a request for bone growth stimulator with fitting (no duration) to a 6-month rental. The treating physician has indicated that the bone growth stimulator was only dispensed as a purchase. Given the history of multilevel fusion and current need for revision, the request for a bone growth stimulator as a purchase is consistent with guidelines. Therefore, this request is medically necessary.