

Case Number:	CM15-0183461		
Date Assigned:	09/24/2015	Date of Injury:	11/22/2002
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on 11-22-2002. A review of medical records indicates the injured worker is being treated for multilevel lumbar stenosis, L3-S1 with recurrent disc herniation on the left at L5-S1, and severe lumbago with bilateral lower extremity radiculopathy and left lower extremity dysesthesias, unresponsive to conservative treatment. Medical records dated 8-20-2015 noted complaints of severe left lower extremity pain as well as numbness and tingling. There were also similar symptoms on the right, although not as severe, and intermittent. Physical examination noted an antalgic gait and posture. Lumbar spine range of motion was significantly decreased. There was tenderness to palpation of the lumbosacral junction and paraspinal muscles. Evaluation included MRI of the lumbar spine dated 6-3-2015 revealed advanced lumbar spondylosis with multilevel disk protrusion. Treatment has included medications, physical therapy, and epidurals. Utilization review non-certified bone growth stimulator and lumbar brace.

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 (ODG), 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, Bone growth stimulators (BGS), page 375: Under study.

Decision rationale: Review indicates the patient is s/p left microdiscectomy at L5-S1 on 7/12/07. Current treatment plan included surgical intervention to address the lumbar spinal stenosis. The Utilization review report non-certified the surgical spine surgery; thereby, the Bone growth stimulator is not indicated. Guidelines note 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. Submitted reports have not demonstrated clinical findings to meet the criteria for the bone growth stimulator. The Bone Growth Stimulator is not medically necessary or appropriate.

Lumbar brace: 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), Back brace, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Submitted reports have not demonstrated indication of any surgical procedure, post-op complications, instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for lumbar brace back care. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a back brace cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar orthosis are under study due to a lack of evidence and scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. It can be conferred that prolonged immobilization may result in debilitation and stiffness in long bone fractures and if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is recommended for health of adjacent segments except in special circumstance of multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, and mid-lumbar fractures, etc. In which some external immobilization might be desirable; however, has not been demonstrated in this case with criteria not met. The Lumbar brace is not medically necessary or appropriate.