

<b>Case Number:</b>	CM15-0186796		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 03-21-2012. According to a progress report dated 08-13-2015, the injured worker was seen for follow-up of back and radiating leg pain. He continued to be quite debilitated. He was scheduled for surgery. However, he had to hold off due to his uncontrolled blood sugar levels. He was getting it under control to be cleared for surgery. Medications included Tramadol, Omeprazole and Metformin. Assessment included status post work related injury on 03-21-2012 and L5-S1 large far lateral disc herniation with severe impingement on the exiting L5 nerve root. He was temporarily totally disabled. He was to follow up for his preoperative visit in a few weeks after being cleared. Surgical intervention had been recommended and included a posterior laminectomy, interbody fusion and instrumentation with fusion at L5-S1. On 08-18-2015, Utilization Review non-certified the request for bone growth stimulator sine he was not cleared for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth simulator:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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.

**Decision rationale:** The MTUS does not address the use of bone growth stimulators. The ODG guidelines state that bone growth stimulators are 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. Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or non-invasive 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) In this case his diabetes is a risk factor for failed fusion. The treatment note on 9-15-15 states that he s been cleared for surgery. As such, the request for bone growth simulator following the L5-S1 fusion procedure is medically necessary.