

Case Number:	CM15-0194396		
Date Assigned:	10/08/2015	Date of Injury:	02/10/2011
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female individual who sustained an industrial injury on 2-10-11. The medical records indicate that the injured worker is being treated for post-surgery back pain; chronic back pain, bilateral; L4-5 spondylolisthesis with severe stenosis. She currently (9-10-15) has back pain (post-operative) that is 90% improved since surgery. On physical exam (9-10-15) she continues with leg "jerks" mostly at night when lying down but has noticed improvement in frequency and they are mainly in the left leg. Her diagnostics included x-ray of the lumbar spine (8-7-15) showing post-operative changes with fixed 4 millimeter anterolisthesis of L4 on L5. She has been treated with medications: (current) carisprolol, meloxicam, tramadol (prior): Soma, Mobic; back brace; physical therapy; status post back surgery (5-21-15). A bone stimulator was ordered (9-10-15) "because her bone does not seem to be growing fast enough". The request for authorization was not present. On 9-17-15 Utilization Review non-certified the request for bone growth stimulator.

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, Low Back, Bone Growth Stimulators.

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 (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: The claimant sustained a work injury in February 2011 and underwent a single level lumbar fusion in May 2015 at L4/5. She had Grade 1 anterolisthesis at that level. Her past medical history is hypertension and elevated cholesterol and she has never smoked. When seen, she had been told by her surgeon to drink milk because her bone did not seem to be growing fast enough. A bone stimulator had been ordered. She was wearing a back brace and was completing physical therapy the next day. There had been an 80-90% improvement since surgery. Physical examination findings included a body mass index of nearly 32. Authorization is being requested for a bone growth stimulator. In terms of a bone growth stimulator, case by case recommendations are necessary. A bone stimulator 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 greater 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. In this case, none of these risk factors is present. There are no documented imaging findings of a failed or incomplete fusion. The requested bone stimulator is not medically necessary.