

Case Number:	CM15-0200400		
Date Assigned:	10/15/2015	Date of Injury:	09/30/2013
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 38-year-old male who sustained an industrial injury on 9/30/13. Injury occurred when he was pulling open a large gate with onset of acute low back pain. Past medical history was positive for hypertension. Past surgical history was positive for partial right sided cervical laminectomy in June 2012, left L4/5 micro-laminectomy in September 2012, and multiple knee surgeries from 2010-2012. Social history was negative for smoking or alcohol use. The 1/3/14 lumbar spine MRI documented a previous laminectomy at L4/5 with a new right lateral disc extrusion contacting the bilateral L5 nerve roots, and neuroforaminal narrowing. Conservative treatment had included physical therapy, facet rhizotomies, epidural steroid injection, and activity modification. The 5/15/15 EMG/NCV study documented a right active on chronic L5 radiculopathy. The 7/1/15 treating physician report cited constant grade 6-7/10 low back pain radiating into the right lower extremity with associated weakness, numbness and tingling. Pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. Neurologic exam documented decreased L5 dermatomal sensation, 3-4/5 extensor hallucis longus and anterior tibialis weakness, and absent Achilles reflex. X-rays documented L4/5 disc space collapse with instability. The injured worker had failed conservative treatment. Authorization was requested for L4/5 posterior lumbar interbody fusion (PLIF) with instrumentation, neural decompression and possible reduction of listhesis, ice unit purchase, bone stimulator purchase, assistant surgeon, in-patient stay for 2-3 days, medical clearance with an internist, front wheeled walker purchase, thoracolumbosacral orthosis (TLSO) purchase, and 3-1 commode purchase. The 10/8/15 utilization review certified

the requests for L4/5 posterior lumbar interbody fusion (PLIF) with instrumentation, neural decompression and possible reduction of listhesis, assistant surgeon, in-patient stay for 2-3 days, medical clearance with an internist, front wheeled walker purchase, thoracolumbosacral orthosis (TLSO) purchase, and 3-1 commode purchase. The request for ice unit purchase was non-certified as guidelines recommended cold packs rather than cryotherapy units. The request for bone stimulator purchase was non-certified as there was no documentation of risk factors for failed fusion to support the medical necessity of a bone growth stimulator in a single level fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Ice Unit, Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Cryotherapy; Low Back Chapter, Cold/Heat Packs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices, but recommend at home applications of hot or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a hot/cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.

Associated surgical service: Bone Stimulator, Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter, Bone Growth Stimulator Section.

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. Guideline criteria have not been met. This injured worker has been certified for a single-level lumbar fusion surgery. He is a non-smoker with no documentation of diabetes, renal disease, alcoholism, or significant osteoporosis. There is no evidence of a previous failed fusion. There is no evidence of a grade III or worse spondylolisthesis. There is no compelling rationale presented to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.