

Case Number:	CM15-0203788		
Date Assigned:	10/20/2015	Date of Injury:	12/27/2010
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Idaho
 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 49-year-old male, with a reported date of injury of 12-27-2010. The diagnoses include L5-S1 spondylosis, stenosis, spondylolisthesis, and instability, lumbar discogenic pain, and lumbar radicular pain. The injured worker underwent L5-S1 anterior posterior decompression and fusion on 5/4/15 and 5/5/15. The progress report dated 08-03-2015 indicates that the injured worker presented regarding his low back injury. It was noted that he was currently asymptomatic and was doing well. The physical examination (08-03-2015) showed lumbar range of motion allowing for flexion at 90 degrees at the hip with forward reach to the ankles; negative straight leg raise; and intact neurologic exam of the lower extremities. The physical examination (06-23-2015) showed lumbar range of motion allowing for 70 degrees of flexion at the hip with forward reach to the mid-shin. It was noted that an x-ray of the lumbar spine performed on the day of the visit showed good progress of the fusion. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Norco, Trazodone, and lumbar spine surgery on 05-04-2015 and 05-05-2015. The treating physician requested DJO bone growth stimulator for the lumbar spine. On 09-5-2015, Utilization Review (UR) non-certified the request for DJO bone growth stimulator for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DJO 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) Low Back Chapter.

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.

Decision rationale: CA MTUS ACOEM Guidelines are silent on the issue of bone stimulators for lumbar fusion. The ODG low back section states 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 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. In this case the criteria set forth in the guidelines for bone stimulator following lumbar fusion have not been met. This was a primary surgery, there is no documented smoking history, it was a one level fusion, and no significant co-morbidities are documented. The note from 8/3/15 from the treating provider reports that X-rays demonstrates good progress of fusion. The request therefore is not medically necessary.