

<b>Case Number:</b>	CM15-0208086		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 50-year-old male, who sustained an industrial injury on 12-16-2014. The injured worker is being treated for L4-5 discogenic back pain and spinal stenosis. Treatment to date has included surgical intervention ( extreme lateral approach to an anterior lumbar interbody L4-5 fusion, posterior pedicle screw fixation, bilateral laminotomy, and lumbar decompression on 8-18-2015), followed by postop physical therapy. Per the handwritten Primary Treating Physician's Progress Report dated 8-26-2015, the injured worker presented for evaluation status post fusion. He reported doing well. Objective findings were not documented on this date. Work status was off work until the next evaluation date. The IW underwent lumbar fusion surgery on 8-18-2015 and authorization was requested for a bone stimulator purchase for the low back. On 10-05-2015, Utilization Review non-certified the request for bone stimulator purchase for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Stim (purchase) for low back:** 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 (updated 9/22/15): Bone Growth Stimulator (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).

**Decision rationale:** The MTUS is silent on bone growth stimulator usage. The ODG states that bone growth stimulators (BGS) used after spinal fusion surgery have conflicting evidence so far. Criteria, however, was recommended to be used. To warrant BGS, patients must have the following risk factors for failed fusion: one or more previously failed fusions, grade III or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, history of diabetes, kidney disease, or alcoholism, or significant osteoporosis demonstrated on radiographs. In the case of this worker who underwent lumbar fusion surgery on 8-18-2015, authorization was requested for a bone stimulator purchase for the low back. Upon review of the provided notes, there was no history of diabetes, kidney disease, alcoholism, osteoporosis. There was also no evidence to show current tobacco use, previously failed fusions, grade III or worse spondylolisthesis, and the surgery performed was on only one level (L4-5). Therefore, it appears that the criteria for a bone stimulator has not been met, and this request for one will be considered as medically unnecessary, based on the information provided for review.