

Case Number:	CM15-0209427		
Date Assigned:	10/28/2015	Date of Injury:	02/17/2015
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, Oregon, Washington
 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 50 year old male, who sustained an industrial-work injury on 2-17-15. A review of the medical records indicates that the injured worker is undergoing treatment for low back strain and sprain, previous lumbar surgery and fusion, degenerative change above and below fusion and left greater than right lower extremity pain with possible active left nerve root involvement. Treatment to date has included pain medication, previous lumbar surgery, and physical therapy at least 12 sessions, epidural steroid injection (ESI) and other modalities. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-27-15 the work status is modified. Magnetic resonance imaging (Magnetic Resonance Imaging (MRI) of the lumbar spine) dated 4-15-15 reveals L4-5 fusion, progressive degenerative disc disease (DDD) L3-4 with mild to moderate canal foraminal narrowing, and mild lumbar spondylosis. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 8-21-15 of the bilateral lower extremities (BLE) and reveals evidence consistent with left L3-4 radiculopathy. X-Ray of lumbar spine dated 8-13-15 reveals retrolisthesis in extension. The flexion x-rays show zero degrees of angulation between 3 and 4 and retrolisthesis, 18 degrees of angulation on extension at 3-4. Flexion has parallel endplates with retrolisthesis. Medical records dated 8-27-15 indicate that the injured worker had electromyography (EMG) studies done and they showed increased activity in the lumbar paraspinals around L3-4 area, consistent with radiculopathy. The flexion-extension x-rays show 18 degrees of angulation on flexion-extension and the physician indicates that this easily fits within the criteria for instability, in addition to the retrolisthesis at that level. The physician also

indicates that based on the overwhelming medical evidence that he recommends surgical intervention of decompression and fusion. The requested service included Associated Surgical Service: Bone Growth Stimulator. The original Utilization review dated 9-22-15 non-certified the request for Associated Surgical Service: Bone Growth Stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 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).

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 stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the lumbar spine. According to the ODG, Low Back, bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level (L3-4 which is adjacent to a prior L4-5 fusion) and there is no high risk factors demonstrated in the records submitted. Therefore, the request is not medically necessary.