

Case Number:	CM15-0025068		
Date Assigned:	02/17/2015	Date of Injury:	11/09/2010
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, California
 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:

This 58 year old female sustained a work related injury on 11/09/2010. According to a progress report dated 01/08/2015, the injured worker complained of low back pain at 7/10 and Physical examination of the lumbar spine revealed tenderness on palpation and ROM not tested due to pain, positive SLR, 4/5 strength and decreased sensation in LE. Medication regimen included Norco and Gabapentin. The injured worker was completely bedridden and wheel chair dependent because of back pain. MRI showed 8 millimeters anterolisthesis at L5-S1 on 3/25/14. She wished to proceed with surgery of the low back- lumbar fusion. She was recommended surgery of low back -lumbar fusion. Whether the surgery was certified or not was not specified in the records provided. According to the provider he was only fixing the L5-S1 level, the one level that showed the most amount of spondylosis as well as instability. The patient sustained the injury due to a MVA. She has had X-ray of the low back that revealed spondylolisthesis and degenerative changes. The patient had received ESI for this injury. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator with office fitting: 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 (Acute & chronic) Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 03/24/15) Bone growth stimulators (BGS)

Decision rationale: Request: Bone growth stimulator with office fitting ACOEM/MTUS does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below, use of bone growth stimulators is "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)." In addition per the cited guidelines "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. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003)" Any indication listed above that would require a bone growth stimulator is not specified in the records provided. Any evidence of history of Grade III or worse spondylolisthesis is not specified in the records provided. Any evidence of a current smoking habit is not specified in the records provided. Medical history of Diabetes, Renal disease, Alcoholism or severe osteoporosis is not specified in the records provided. She was recommended surgery of low back lumbar fusion. Whether the surgery was certified or not was not specified in the records provided. Any operative note was not specified in the records provided. The medical necessity of the request for Bone growth stimulator with office fitting is not fully established in this patient.