

Case Number:	CM15-0212965		
Date Assigned:	11/02/2015	Date of Injury:	02/10/2011
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 [REDACTED] year old female, who sustained an industrial injury on 2-10-2011. The injured worker is being treated for lumbar stenosis. Treatment to date has included surgical intervention (lumbar fusion (L4-5 TLIF) 5-18-2015), physical therapy, transforaminal epidural steroid injection (TFESI), and medications. Per the Primary Treating Physician's Progress Report dated 8-13-2015, the injured worker was status post L4-5 TLIF and L3 and L4 nerve decompression. She just started physical therapy and her muscles are currently sore and tender. Objective findings included fully healed incision strength 5 out of 5 in all upper and lower extremities, no deficits in bulk or muscle tone and no muscle tenderness. X-rays were red by the provider as "postoperative changes with fixed 4mm anterolisthesis L4 and L5." Work status was not provided at this visit. The plan of care included continuation of wearing lumbar brace, and a bone growth stimulator ASAP. X-rays did not show much of an increase in bone growth and fusion. Authorization was requested on 8-27-2015 for peer to peer (P2P) bone growth stimulator. On 10-05-2015, Utilization Review non-certified the request for peer to peer (P2P) bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P 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), Bone growth stimulators (BGS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone-growth stimulators (BGS), page 572.

Decision rationale: Review indicates the patient underwent a one level lumbar fusion at L4-5 on 5/18/15 without documented post-op complications. There is no smoking history, past medical diagnosis of diabetes, renal disease or alcoholism noted. The provider noted x-rays did not show an increase in bone growth and fusion; however, there is no CT scan results provided to confirm any question of non-union. Clinically, the patient is recovering without noted issues. Exam showed intact gait and ambulation without need for assistive devices. There is no focal neurological deficits with intact 5/5 motor strength, DTRs 2) and normal sensation throughout bilateral lower extremities. Guidelines note 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. Submitted reports have not demonstrated clinical findings to meet the criteria for the bone growth stimulator. The P2P bone growth stimulator is not medically necessary and appropriate.