

Case Number:	CM15-0031301		
Date Assigned:	02/24/2015	Date of Injury:	10/06/2005
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on 10/6/05. She has reported injury and pain. The diagnoses have included lumbago, lumbar spinal stenosis and radiculitis and spondylolisthesis. Treatment to date has included medications, activity modification, lumbar fusion in 2013, lumbar brace and postoperative physical therapy. Currently, the injured worker complains of lumbar back pain radiating to left leg, which is becoming worse and impairing her activities. She has difficulty walking distances and with prolonged sitting. She is taking Tramadol and Norco with limited relief. The Computed Tomography (CT) myelogram of the lumbar spine dated 10/27/14 revealed status post anterior fusion. There was incomplete incorporation of the interbody graft compatible with pseudoarthrosis of the graft. There were disc bulges also present. Physical exam revealed painful lumbar range of motion, worsened with hyperextension and weakness. The injured worker has been reticent to consider additional surgery. Treatment plan was for surgical intervention and medication, which included Norco for ongoing pain issues. On 2/9/15, Utilization Review modified a request for Associated Surgical Service: DJO bone growth stimulator E0748 rented for one year for treatment modified to DJO bone growth stimulator E0748 rented for 6 months, noting the (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines low back complaints and Official Disability Guidelines (ODG) low back chapter were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: DJO bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bone growth stimulator ODG-low back chapter.

Decision rationale: Per ODG, BGS (bone growth stimulators) are under study. There is conflicting evidences, so case by case recommendations are necessary (some RCTs with efficacy for high risk case). 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 consistence 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) ODG additionally states that either invasive or non invasive 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: one or more previous failed spinal fusion(s), grade m or worse osteoporosis which has been demonstrated on radiographs. Electrical bone grown stimulation is considered investigational in the treatment of all other conditions, including, but not limited to fresh fracture or delayed union. Per review of clinical data provided and cited guidelines, this intervention would not be recommended.