

<b>Case Number:</b>	CM15-0040647		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Pediatrics, Neurological 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 57-year-old female who reported injury on 03/28/2011. The mechanism of injury was not provided. The injured worker was noted to undergo a TLIF at L5-S1. Her surgical history additionally was noted to include noncontributory surgeries. The injured worker was noted to undergo prior treatments including an epidural steroid injection and medications. The mechanism of injury was repetitive lifting of boxes. Other therapies include physical therapy. The documentation of 02/09/2015 revealed the injured worker underwent physical therapy early on without much benefit. Medications included Neosynephrine and Ancef. There were no current medications listed. The injured worker was noted to be a nonsmoker and was noted to have never used smokeless tobacco. The physical examination revealed slight limitation with lumbar flexion. The injured worker had lower extremity strength of 5/5 and had the ability to heel toe walk. The injured worker had difficulty with tandem gait. The injured worker underwent an MRI of the lumbar spine and as such, the request was made for stabilization including a fusion at L5-S1 transforaminal interbody fusion with percutaneous pedicle screw fixation. There was no specific Request for Authorization submitted for review for the requested intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of DME-E0748 Bone Growth Stimulator 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), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Criteria for use for invasive or non-invasive electrical bone growth stimulators.

**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 Chapter, Bone growth stimulators (BGS).

**Decision rationale:** The Official Disability Guidelines indicate the criteria for the use of invasive or noninvasive electrical bone growth stimulators include there should be documentation of 1 or more failed spinal fusion, grade 3 or worse spondylolisthesis, fusion at more than 1 level, and a current smoking level. The clinical documentation submitted for review indicated the injured worker was to undergo a 1 level fusion and was a nonsmoker. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for purchase of DME-E0748 bone growth stimulator for low back is not medically necessary. Additionally, there was a lack of documentation of significant osteoporosis, diabetes, renal disease or alcoholism.