

<b>Case Number:</b>	CM15-0044396		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Arizona

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 39-year-old male who reported an injury on 10/21/2011. The mechanism of injury was the injured worker sprained his right ankle while chasing suspects. The injured worker underwent an MRI of the lumbar spine on 11/25/2014, which revealed grade 1 spondylolisthesis with presumed spondylolysis at L5 on S1 and facet hypertrophy contributing to severe neural foraminal stenosis. At L4-5, there was mild central canal and lateral recess stenosis, as well as prominent neural foraminal stenosis bilaterally. There was minor neural foraminal narrowing at L3-4. The injured worker underwent an MRI of the right ankle on 10/21/2014. The injured worker underwent electrodiagnostic studies on 02/11/2015, which revealed there was electrodiagnostic evidence consistent with abnormalities involving the right fifth lumbar nerve root and the first sacral nerve root, both chronic in nature. There was no electrodiagnostic evidence of right lumbosacral plexopathy or right lower extremity localized sensory or motor neuropathy. The documentation of 12/05/2014 revealed the injured worker had complaints of a lumbar spine injury. The documentation indicated the injured worker had been treated with physical therapy, medications, work modification, and epidural steroid injections, and had incapacitating back pain and radicular symptoms in the lower extremities. The injured worker had tenderness and guarding to the lumbar paraspinals upon deep palpation. The injured worker had positive muscle spasms and a positive straight leg raise bilaterally. The injured worker had decreased range of motion. The lower extremity strength was decreased at L5. It was noted to be 4/5. The sensation was decreased at L5 and S1 bilaterally. The injured worker underwent x-rays of the lumbar spine revealing spondylitic spondylolisthesis grade 2 and

flexion, extension, and lateral radiographs revealed spinal instability with over 6 mm of translation on flexion and extension lateral views. The physician opined the MRI revealed grade 2 spondylitic spondylolisthesis L5-S1 with severe foraminal stenosis at L5-S1 and there were significant disc protrusions at L4-5 with severe bilateral foraminal stenosis and loss of disc height at L4-5. The diagnoses included musculoligamentous sprain and strain of the lumbar spine, spondylitic spondylolisthesis L5-S1 with spinal instability and bilateral extremity radiculopathy L5-S1 and a herniated nucleus pulposus and disc degeneration at L4-5 above the spondylitic spondylolisthesis. The treatment plan included an anterior lumbar decompression and interbody stabilization at L4-5 and L5-S1. There was no Request for Authorization or rationale submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pulsed electromagnetic field 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); Low Back Chapter, Bone Growth Simulators (BGS).

**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 Stimulator.

**Decision rationale:** The Official Disability Guidelines indicate that a bone growth stimulator is appropriate for a patient who has a fusion to be performed at more than 1 level, 1 or more previous failed spinal fusions, or grade 3 or worse spondylolisthesis. The clinical documentation submitted for review indicated the injured worker had grade 2 spondylolisthesis. This request would not be supported. There was a lack of documentation of exceptional factors. Additionally, there was a lack of documented rationale for the use of the device. Given the above, the request for pulsed electromagnetic field stimulator is not medically necessary.