

Case Number:	CM15-0047578		
Date Assigned:	03/19/2015	Date of Injury:	12/31/2012
Decision Date:	05/05/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 51-year-old female who sustained an industrial injury on 12/31/12, relative to a fall. Past medical history was reported as negative for hypertension, diabetes, or cardiac, pulmonary, renal, or gastrointestinal disorders. She denied smoking and alcohol consumption. Conservative treatment included chiropractic, physical therapy, medication management, activity restrictions, modified work, epidural steroid injection, and sacroiliac joint injection. The 8/4/14 lumbar spine MRI impression documented an L4/5 and L5/S1 disc protrusions with abutment of the descending L5 nerve roots bilaterally at L4/5 and the exiting left L5 nerve root at L5/S1. At L3/4, there was mild facet arthropathy, mild canal narrowing, and no nerve root compression. The 1/27/15 treating physician report cited on-going low back, left hip and leg pain associated with weight bearing and bending. Physical exam documented bilateral sciatic notch tenderness, restricted lumbar range of motion, normal lower extremity motor strength, and positive straight leg raise, left greater than right. There was decreased sensation in the left L5/S1 distribution. The diagnosis included multi-factorial spinal stenosis at L4/5, and to a lesser degree at L3/4. The injured worker had failed conservative treatment. Authorization was requested for L4/5 lumbar decompression and fusion and L3/4 decompression, with an associated surgical request for a bone growth stimulator. The 2/10/15 utilization review non-certified the request for a bone growth stimulator as the associated surgery was not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Treatment in Workers Comp, 19th Edition, Low Back, Lumbar & Thoracic Chapter, Bone Growth Stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Lumbar & Thoracic Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar 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; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have not been met. This patient presented with lumbar disc protrusions at L4/5 and L5/S1 abutting the L5 nerve roots. A request was submitted for one-level fusion at L4/5 and decompression only at L3/4. Past medical history was negative for diabetes, renal disease, alcoholism, or smoking. There is no documentation of osteoporosis. Additionally, the associated surgical procedure had not been certified per the submitted records. Therefore, this request is not medically necessary.