MAXIMUS Federal Services

Case Number:	CM15-0050055		
Date Assigned:	03/23/2015	Date of Injury:	05/21/2013
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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 57-year-old male who sustained an industrial injury on 5/21/13. Injury occurred when he was crawling under a house, and felt a pop to his back with onset of back, buttocks, and leg pain. Past medical history was positive for a history of high cholesterol and gastrointestinal complaints. He underwent left L3/4 and right L4/5 lumbar microdiscectomy on 12/4/13. The 5/6/14 lumbar spine MRI documented 5 mm broad-based posterior disc/osteophyte complex bulge at L4/5 extending to bilateral neural foramen causing moderate neuroforaminal narrowing, mild central canal stenosis, and facet hypertrophy. The 5 mm broad-based disc bulge at L5/S1 occupying the inferior recesses of bilateral neural foramen causing mild to moderate bilateral neuroforaminal narrowing. The 1/19/15 electrodiagnostic study evidenced acute right L5 and S1 radiculopathy. The 1/22/15 treating physician report cited intermittent moderate to severe low back pain radiating to the right hip and leg all the way to the ankle. He continued to have a resting tremor. Physical exam documented paralumbar muscle tenderness and increased tone, and tenderness at the midline thoracolumbar junction and over the L5/S1 facets and right greater sciatic notch. There was decreased range of motion with positive right nerve tension signs. There was decreased right L5 and S1 dermatomal sensation, absent right patellar reflex, and 4-/5 iliopsoas, anterior tibialis, extensor hallucis longus, and peroneus weakness. Authorization was requested for an anterior lumbar interbody fusion of L4/5 and L5/S1, Gill laminectomy at L4/5 and L5/S1, including decompression foraminotomy only at L5/S1. Requests for authorization included a lumbar brace, post-operative cryotherapy, pre-operative medical clearance, assistant surgeon, vascular surgeon, and bone growth stimulator. The 2/17/15

utilization review non-certified the request for bone growth stimulator as the patient had only one risk factor for failed fusion and that was a 2-level fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative durable medical equipment (DME) lumbar bone stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, bone stimulator.

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 ½ 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 been met. This patient has been certified for a 2 level lumbar fusion. Guidelines indicate that if a patient meets any of the risk factors, bone growth stimulation may be considered medically necessary. Therefore, this request is medically necessary.