

Case Number:	CM15-0051527		
Date Assigned:	03/25/2015	Date of Injury:	06/07/2013
Decision Date:	05/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/18/2015

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 54-year-old male who sustained an industrial injury on 6/7/13, relative to a slip and fall. Past medical history was negative. The 6/28/14 lumbar spine MRI documented moderate spinal canal stenosis, moderate to severe lateral recess stenosis, and severe bilateral neuroforaminal narrowing at both the L3/4 and L4/5 levels with encroachment on the L3, L4, and L5 nerve roots. There as grade 1 anterolisthesis of L4 on L5 and moderate to severe facet arthropathy at both levels. The 3/6/15 neurosurgical report cited worsening back pain and occasional giving out of the right leg. He was unable to stand more than 10 minutes or walk more than one block. Physical exam documented moderate lumbar discomfort, 3/5 right hip flexion and knee extension weakness, absent right patellar reflex, and diminished sensation over right lateral shin and anterior foot. Imaging documented spinal stenosis. The diagnosis was lumbar stenosis with radiculopathy and lumbar spondylosis. Authorization was requested for L3/4 and L4/5 decompression and fusion. Records indicated that the injured worker had failed all non-surgical therapies. The 3/18/15 utilization review recommended certified the request for L3/4 and L4/5 transforaminal lumbar decompression and interbody fusion with 3-day length of stay, lumbar brace and assistant surgeon. The request for a bone growth stimulator was non-certified as the injured worker was an otherwise healthy individual with no current risk factors that would indicate the acute need of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: External Bone Growth Stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 & 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 injured worker has been certified for a two-level fusion. Therefore, this request is medically necessary.