

Case Number:	CM15-0054063		
Date Assigned:	03/27/2015	Date of Injury:	09/19/2011
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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:

This injured worker is a 64-year-old male who sustained an industrial injury 9/19/11. Injury occurred when he reached for a tray and felt low back pain. Past medical history was negative for smoking, diabetes, alcoholism or renal disease. Past surgical history was negative for spinal surgery. The 9/17/14 lumbar x-rays documented degenerative spondylosis changes lumbar spine with reduced intervertebral disc height and bilateral facet joint arthrosis. The 2/23/15 treating physician report ongoing grade 4-6/10 low back pain radiating into the right leg. Significant difficulty was reported getting from a seated to a standing position. Physical exam documented mild femoral stretch test on the right, right lower extremity dysesthesias, slight antalgic limp to the right, and no focal motor defect. X-rays showed grade 1-2 retrolisthesis at L3/4 and to a lesser extent at L2/3. The treating physician reported instability at L3/4 and requested authorization for L3-4 lateral lumbar interbody fusion with associated surgical services. The 3/6/15 utilization review certified the request for lateral lumbar interbody fusion, posterior fusion and instrumentation. The associated request for a bone growth stimulator was non-certified as the use of this device had not been substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 $\frac{1}{2}$ 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. There is no evidence in the provided medical records that this patient has guideline risk factors for failed fusion. He was not a smoker and past medical history was reported as negative. He is certified for a single-level fusion with no prior lumbar surgical history. There is no imaging evidence suggestive of osteoporosis or grade III or worse spondylolisthesis. Therefore, this request is not medically necessary.