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| Case Number: | CM15-0056052 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 09/09/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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 47-year-old female who sustained an industrial injury on 9/09/13. Injury occurred while she was cleaning horse stalls and tripped over a hole. She fell onto her back and fractured her tail bone. Past medical history was negative for illnesses. She was a non-smoker and rarely drinks alcohol. The 11/10/14 lumbar spine MRI impression documented mild retrolisthesis at L5/S1 with disc bulge and spurs, and an associated 3 mm central program. There was contact with the thecal sac without stenosis, mild foraminal narrowing, and minimal degenerative changes. The 1/22/15 lumbar x-ray report documented significant L5/S1 lumbar spondylosis and anterior osteophytes with 5-6 mm of retrolisthesis. The treating physician reports documented back pain that limited her ability to stand, walk, bend, and twist. Conservative treatment had been provided without sustained improvement. The 2/26/15 treating physician report cited low back pain radiating down both legs to the feet with numbness and tingling in her toes. Physical exam documented normal gait, ability to heel/toe walk, and tenderness to palpation in the low lumbar region. Range of motion was within normal limits. Straight leg raise was positive bilaterally. Neurologic exam documented normal motor, sensation, and reflexes. X-rays showed instability at L5/S1. The treatment plan recommended anterior lumbar discectomy and interbody fusion with fixation at L5/S1. The 3/17/15 utilization review certified a request for anterior lumbar interbody fusion L5/S1 with possible posterior spinal fusion with instrumentation. An associated surgical request for post-operative bone growth stimulator purchase was non-certified as the injured worker was a non-smoker and this was a one-level procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative bone growth stimulator purchase for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

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 not been met. This patient has been certified for a single-level lumbar discectomy and interbody fusion at L5/S1. Imaging has documented evidence of a grade 1 spondylolisthesis. There is no evidence of prior spinal fusion. She does not smoke and rarely drinks alcohol. There is no history of diabetes, renal disease or osteoporosis. Given the absence of these risk factors, the medical necessity of a bone growth stimulator is not established. Therefore, this request is not medically necessary.