

<b>Case Number:</b>	CM15-0057995		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62-year-old male who sustained an industrial injury on 05/13/11. Initial complaints and diagnoses are not available. Treatments to date include back and shoulder surgery, and medications. Diagnostic studies include MRIs. Current complaints include lower back pain. In a progress note dated 02/11/15 the treating provider reports the plan of care as anterior lumbar interbody fusion at L5-S1 and associated services. The requested treatment is Bone Growth Stimulator.

### 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 (ODG), Lumbar Chapter - Bone Growth Stimulators (BGS).

**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, Bone Growth Stimulators.

**Decision rationale:** MTUS is silent on bone growth stimulators. ODG states, "Under study. There is conflicting evidence, so case-by-case recommendations are necessary (some RCTs with efficacy for high-risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases (e.g., revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated (Resnick, 2005). Also, see Fusion for limited number of indications for spinal fusion surgery. See Knee & Leg Chapter for more information on use of Bone-growth stimulators for long bone fractures, where they are recommended for certain conditions. Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to 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 (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs." The treating physician provided no evidence of failed fusion, grade III or worse spondylothesis, and no evidence of significant osteoporosis on radiograph. As such, the request for a bone stimulator is not medically necessary.