

Case Number:	CM15-0081805		
Date Assigned:	05/04/2015	Date of Injury:	11/26/2012
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 11/26/2012. He reported injury from bending over. The injured worker was diagnosed as having lumbosacral discopathy with right lower extremity radiculopathy, bilateral facet arthropathy and acute right lumbar 5/sacral 1 radiculopathy. Lumbar magnetic resonance imaging showed lumbar degenerative disc disease with lumbar disc protrusion and bilateral facet arthropathy with stenosis and electro diagnostic testing showed lumbosacral radiculopathy. Treatment to date has included physical therapy, acupuncture, chiropractic care, epidural steroid injection, lumbar brace and medication management. In a progress note dated 2/11/2015, the injured worker complains of right sided low back pain that radiated to the right lower extremity. The treating physician is requesting a 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ODG Guidelines, Neck & Upper Back Chapter, Bone-growth stimulators (BGS) 2. ODG Guidelines, Low Back Chapter under Bone growth stimulators (BGS).

Decision rationale: Based on the 11/19/14 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10 with tingling and weakness to the right leg. Patient is status post laminectomy L5-S1 1989. The request is for BONE GROWTH STIMULATOR. RFA not provided. Patient's diagnosis on 11/19/14 included lumbosacral discopathy with right lower extremity radiculopathy. Physical examination to the lumbar spine on 11/19/14 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Patient is status post nerve root block right L4 and L5, and lumbar epidural steroid injection L5-S1 10/20/14. Treatment to date has included physical therapy, acupuncture, chiropractic care, epidural steroid injection, lumbar brace and medication management. Patient's medications include Tramadol and Motrin. Patient is temporarily totally disabled, per 11/25/14 progress report. Treatment reports were provided from 09/25/14 - 02/11/15. ODG Guidelines, Neck & Upper Back Chapter, under Bone-growth stimulators (BGS) has the following: "Under study. See the Low Back Chapter for more information about use in spinal fusion." ODG Guidelines, Low Back Chapter under Bone growth stimulators (BGS) states: "Criteria for use for invasive or non-invasive electrical bone growth stimulators: 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. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003) Per 02/11/15 progress report, treater states "I would like to request authorization for the patient to undergo an anterior lumbar interbody fusion at the L4-5 & L5-S1, a posterior spinal fusion with pedicle screws at the L4-L5 & L5-S1, a gill laminectomy, and a facetectomy. I would also like to request authorization for the patient to be provided with, a bone stimulator unit." In this case, it appears the patient will undergo lumbar fusion at 2 levels, for which the use of a bone stimulator would be indicated by ODG. However, there is no documentation that prospective surgery has been authorized. Furthermore, there is no documentation that patient presents with high risk factors such as smoking, osteoporosis, diabetes, or renal disease. Therefore, the request IS NOT medically necessary.