

<b>Case Number:</b>	CM15-0087487		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 38-year-old female who sustained an industrial injury on 6/20/06. Injury occurred when she attempted to detain a shoplifter. Past medical history was positive for gastroesophageal reflux disease, anxiety and depression. She was a non-smoker. The 5/16/14 lumbar spine MRI showed bilateral L5 spondylolysis defects with grade 1 L5/S1 spondylolisthesis, severe disc narrowing, and degeneration with moderate bilateral foraminal narrowing. At L4/5, there was a right paracentral focal disc protrusion with small extruded fragment extending inferiorly and minimally compressing the thecal sac. The 9/10/14 neurosurgical report cited worsening low back pain with occasional shooting pain down the posterior right leg with intermittent right lateral leg paresthesias. Conservative treatments had included chiropractic which helped temporarily, physical therapy that made it worse, and four epidural steroid injections with at least 6 to 8 months of relief. Physical exam documented slight decrease in lumbar range of motion, and normal lower extremity neurologic examination and negative straight leg raise. The injured worker limped but was able to heel and toe walk. MRI findings showed severe degenerative disc disease at L5/S1 with grade 1 spondylolisthesis and bilateral neuroforaminal narrowing. There was moderate to severe degenerative disc disease at L4/5 with a right disc bulge. The injured worker had a spondylolisthesis that was probably the source of her pain. She was offered surgery to include lumbar fusion and decompression but was uncertain about what she would like to do. She was advised to do daily exercise and lose weight. The 3/30/15 neurosurgical report cited persistent low back and right leg pain with spasms. She was last seen on 10/8/14 and was felt to be a good candidate for right L4/5 and L5/S1 posterior

oblique lumbar arthrodesis with posterior instrumentation decompression and fusion with decompression for her spondylolisthesis and radiculopathy. She attempted to get some pool therapy but it was not approved. She felt she was getting worse and wanted surgery. She was allergic to non-steroidal anti-inflammatory drugs and was taking gabapentin, Topamax, cyclobenzaprine and Tylenol, which were helping. She had failed conservative treatment and surgery was requested. The 4/8/15 utilization review non-certified the request for right L4/5 and L5/S1 posterior oblique lumbar arthrodesis, posterior fusion, instrumentation decompression as there were no significant exam findings documented. A request for bone growth stimulator and thoracolumbosacral orthosis brace was non-certified as the associated surgery was not medically necessary.

### **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 ODG, Low Back (updated 03/24/15).

**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 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. Although the patient would be an appropriate candidate for a bone growth stimulator based on the requested 2-level fusion, there is no evidence in the records that the fusion has been found to be medically necessary. Therefore, this request is not medically necessary.

#### **Thoracolumbosacral Orthosis Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 03/24/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Back brace, post operative (fusion).

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines indicate that post-operative back braces are under study. Guidelines state

that there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. There is no compelling reason to support the medical necessity of a thoracolumbosacral orthosis brace in the absence of guidelines support and with no evidence that the associated fusion has been found medically necessary. Therefore, this request is not medically necessary.