

Case Number:	CM14-0216012		
Date Assigned:	01/06/2015	Date of Injury:	03/26/2012
Decision Date:	03/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/23/2014

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: Minnesota, Florida
 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 67 year old male sustained work related industrial injuries on March 26, 2012. The mechanism of injury was not described. The injured worker subsequently complained of low back pain and left leg pain radiating to the left calf and dorsal foot. The injured worker was diagnosed and treated for post laminectomy syndrome, lumbar spondylolisthesis, neurogenic claudication, status post L3-L4 and L4-L5 XLIF procedure on November 6, 2012, right sided sacroiliitis, L5-S1 degenerative disc disease, left L5 radiculopathy and bilateral neural foraminal stenosis, moderate to severe, left greater than right. Prior treatment consisted of radiographic imaging, prescribed medications, surgical procedures, consultation and periodic follow up visits. According to the treating provider notes dated December 4, 2014, the injured worker pain is a 5/10. Physical exam revealed positive straight leg on the left. Numbness was noted in the L5 area on the left side. Mechanical back pain with flexion and extension of the lower lumbar spine was noted. MRI revealed disc degeneration at L5-S1 with left greater than the right foraminal stenosis, left L5 nerve root impingement. CT scan revealed fusion at L3-L4 and L4-L5 with previous laminectomies. Atherosclerosis noted at L4-L5. Per treating provider report dated December 26, 2014, the injured worker is an active smoker with a previous L2-L3 and L3-L4 fusion. The treating provider recommends bone stimulator for current smoking habit. As of December 4, 2014, the injured worker remains permanent and stationary. The treating physician prescribed services for post-operative durable medical equipment (DME): bone growth stimulator now under review. On December 22, 2014, the Utilization Review (UR) evaluated the prescription for post-operative durable medical equipment (DME): bone growth stimulator

requested on December 15, 2014. Upon review of the clinical information, UR noncertified the request for post-operative DME: bone growth stimulator based on the recommendations of the Official Disability Guidelines regarding risk factors for medical necessity. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DME: Bone growth stimulator: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment, Disability Duration Guidelines, Invasive or Non-Invasive Electrical Bone growth stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low back, Topic: Bone growth stimulators

Decision rationale: Documentation indicates some a request for authorization for a left L5-S1 minimally invasive transforaminal interbody fusion was approved by utilization review. In addition, removal of hardware at L3-4 was also approved. The request for a bone growth stimulator was not approved as only 1 level fusion is to be done. The smoking habit was not mentioned. ODG guidelines were used. ODG guidelines indicate invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with the following risk factors: Failed fusion, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiographs. Additional information indicates that the injured worker has a smoking habit and therefore the request for a bone growth stimulator is appropriate and medically necessary per guidelines.