

Case Number:	CM15-0015592		
Date Assigned:	02/03/2015	Date of Injury:	10/29/2012
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 30 year old female sustained an industrial injury on 10/29/12, with subsequent ongoing low back pain. Treatment included medications, physical therapy, chiropractic therapy, epidural injections and microdiscectomy with decompression. Magnetic resonance imaging lumbar spine (5/7/14) showed residual bulge, protrusion and mild foraminal stenosis at L4-5 and L5-S1 with no signs of nerve root impingement. In a PR-2 dated 12/3/14, physical exam was remarkable for a slightly antalgic gait, tenderness to palpation to the lumbar spine over the L4-L5 and L5-S1 area with spasms, limited range of motion secondary to pain, 4/5 strength in the right gastrocnemius and extensor hallucis longus muscles, diminished sensation in the right L5 and S1 distribution and positive straight leg raise on the right. The injured worker had initially returned to work postoperatively but had a flare up of pain and was currently not working. Current diagnoses included L5-S1 severe recurrent disc herniation with discogenic changes causing neurologic changes, degenerative disc disease at L4-L5, right leg radiculopathy and radiculitis. The treatment plan included requesting L5-S1 anterior lumbar interbody fusion, an ISO brace, postoperative physical therapy, preoperative vascular surgery consultation and a bone stimulator to allow for fusion. On 1/12/15, Utilization Review noncertified a request for bone growth stimulator for purchase citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator for purchase: 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 11/21/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bone growth stimulators (BGS) <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, Bone growth stimulators (BGS) “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). (Mooney, 1990) (Marks, 2000) (Akai, 2002) (Simmons, 2004) 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. 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)”. There is no documentation that the patient have a failed back surgery with failed fusion. Therefore, the request for bone growth stimulator is not medically necessary.