

<b>Case Number:</b>	CM15-0172436		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Georgia, California, Texas

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 63 year old male who sustained an industrial injury on 08-26-1998. Documentation submitted for review shows that the injured worker had undergone a laminectomy with foraminotomies at L3-4, L4-4 and L5-S1 in 2012. He continued to have ongoing debilitating pain in his lower back radiating down to the both lower extremities. After having an MRI of the lumbar spine in 2014, the injured worker was deemed a candidate for further surgery in the form of interbody fusion at L3-4, L4-5 and L5-S1. Authorization for surgery was provided on 10/17/14. According to a neurosurgical consultation dated 03-09-2015, the injured worker continued to have on and off mild to moderate stabbing neck pain with on and off pain radiating down into both hands with numbness, tingling and weakness. He also had constant severe sharp, stabbing, throbbing, aching and burning low back pain radiating down into the left thigh with numbness, tingling and weakness. He was approximately a week out from his left eye detached retina surgery for which he had been told that he would need at least three months recovery time before he could undergo his lumbar procedure. He was having increased back pain and left scapular pain secondary to the body position he assumed during sleep. Diagnoses included recurrent disc herniations L3 through S1 with advanced discogenic changes, modic changes and endplate deterioration. There was also marked facet arthropathy at each level as well, status post left L3-S1 laminoforaminotomies and microdiscectomies performed on 05-13-2013 and status post anterior cervical discectomy and fusion C4 through C6 performed on 08-17-2014. The provider noted authorization of the surgery and asked for a delay in the surgery due to the recent detached retina surgery. An authorization request dated 08-11-2015 was

submitted for review. The requested services included MRI of the lumbar spine no contrast and bone growth stimulator. On 08-19-2015, Utilization Review non-certified the request for bone growth stimulator for the lumbar spine. It is noted that a new review for lumbar spine surgery on 08-18-15 denied request for lumbar fusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bone growth stimulator for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic, updated 09/22/15), Bone growth stimulators (BGS).

**Decision rationale:** MTUS is silent concerning this request. ODG considers bone growth stimulators to be under study for the low back. ODG states: "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)" Based upon criteria 1 and 3, ODG would support use of a bone growth stimulator if lumbar fusion is performed in this case. However, since it appears that request for surgery has been denied in the most recent review, medical necessity is not established for use of a bone growth stimulator in this case. Therefore, the request is not medically necessary.