

Case Number:	CM15-0060320		
Date Assigned:	04/06/2015	Date of Injury:	06/13/2007
Decision Date:	05/29/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 56-year-old male who sustained an industrial injury on 6/13/07, relative to repetitive lifting. Past surgical history was positive for six lumbar spine surgeries from July 2007 through 1/28/13 with instrumented fusions from the L2/3 to L5/S1 levels. Past medical history was positive for hypertension and a blood disorder of his white blood cells for which he was monitored every 3 months and received chemotherapy as needed. The 2/12/14 lumbar spine CT scan documented interbody fusion procedure, posterior stabilization instrumentation, decompressive laminectomy and facetectomy present at L2/3 through L4/5. There was partial decompression of the spinal canal at L1/2 from bilateral laminectomy of L2, with mild central stenosis and bilateral lateral recess stenosis present due to a 3 mm disc bulge and mild bilateral facet hypertrophy. There was moderate to severe intervertebral disc space narrowing with endplate sclerosis, subchondral cysts, and vacuum phenomenon. The 3/26/14 lumbar spine x-rays impression documented status post interbody fusion procedure and posterior stabilization instrumentation at L2/3 through L5/S1, degenerative spondylosis at L1/2, mild levoscoliosis of the thoracolumbar spine, and no spondylolisthesis or instability. Records indicated that the injured worker presented with urinary incontinence and frank weakness and underwent exploration of the previous fusion, revision of hardware at L2 and L3, laminectomy L1 and L2, radial discectomy and interbody fusion L1/2, pedicle screws and rods L1-L3, posterior lateral fusion L1/2 with autograft, putty, demineralized bone matrix, and bone morphogenetic protein on 2/16/15. The 3/6/15 utilization review non-certified the request for a bone growth stimulator as there were no noted risk factors for pseudoarthrosis and this was an adjacent level fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical bone stimulator, spinal purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Bone Growth Stimulator.

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 ½ 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. Guideline criteria have been essentially met. This patient underwent emergent lumbar fusion surgery at L1/2 adjacent to fusion from L2/3 to L5/S1, including exploration of prior fusion and hardware removal and replacement. The age of the patient is typically associated with osteoporosis. The level of the procedure is adjacent to an already fused segment. The increased post-operative stress and strain at the newly operated site increases the probability of non-union. Given these risk factors, use of a bone growth stimulator seems reasonable. Therefore, this request is medically necessary.