

Case Number:	CM15-0071084		
Date Assigned:	04/21/2015	Date of Injury:	04/15/2013
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male who sustained an industrial injury on 4/15/13. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbar/lumbosacral spondylosis, lumbar spinal stenosis and post-laminectomy/fusion syndrome lumbar. Treatments to date have included activity modification, muscle relaxants, oral pain medication, exercises, physical therapy, stretching and surgical intervention. Currently, the injured worker complains of back and lower extremity discomfort. The plan of care was for a SpinaLogic bone stimulator for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

SpinaLogic bone stimulator for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic chapter, Bone growth stimulators.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for spinalogic bone stimulator for purchase. The request for authorization is not provided. The patient is status-post bilateral L5-S1 microsurgical decompression, 10/02/14. Status-post retroperitoneal exposure of L5-S1 with dissection, 02/17/15. MRI of the lumbar spine, 10/31/14, shows broad-based / central / left paracentral HNP at L5-S1; congenital and acquired multilevel lumbar stenosis; bilateral neuroforaminal stenosis at L5-S1. MRI of the lumbar spine, 01/07/15, shows at L5-S1 degenerative disc disease with broad-based disc bulge, moderate to severe right foraminal narrowing; at L4-L5 degenerative disc disease with left foraminal disc extrusion, severe left foraminal narrowing. Physical examination of the lumbar spine reveals range of motion is 50-76% of normal. Supine straight leg raising on the right is positive. His right lower extremity pain had resolved, but recurred two months after his surgery so a MRI was ordered. He states it is worse with standing longer than 10 minutes. He has no neuro symptoms. He does not want LESIs. Patient has had sessions of physical therapy. Per progress report dated 01/12/15, the patient is temporarily totally disabled. ODG Guidelines, Low Back Lumbar & Thoracic chapter, under Bone growth stimulators states: "Under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases, e.g., revision pseudoarthrosis, instability, smoker. 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. 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 fusions; 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." Treater does not discuss the request. No PR-2 is provided with request for authorization. In this case, the patient does not present with any of the "high risk" factors as defined by ODG guidelines for a SpinaLogic Bone Stimulator. Per progress report dated, 01/12/15, treater notes, "[Patient] needs a radical foraminotomy on the right at L5-S1. This would require removal of more than half of the residual L5-S1 facet joint, hence it would be destabilizing. I am recommending ALIF/PSF with instrumentation and revision foraminotomy on the right at that level." The patient is status-post L5-S1 microsurgical decompression on 10/02/14, and status-post anterior posterior fusion L5-S1 with revision foraminotomy on 02/17/15. Spinal fusion was performed at only one level, and revision was not for a prior failed fusion but a foraminotomy. Therefore, the request IS NOT medically necessary.