

Case Number:	CM15-0094691		
Date Assigned:	05/20/2015	Date of Injury:	09/22/2003
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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 was a 44 year old male, who sustained an industrial injury, September 22, 2003. The injured worker previously received the following treatments chest x-ray, laboratory studies, lumbar spine MRI, lumbar spine x-rays, physical therapy, multiple epidural injections and postoperative fusion lumbar spine x-rays. The injured worker was diagnosed with spinal stenosis of lumbar region, lumbago, lumbar spine degenerative disc disease, and L5-S1 disc degeneration with severe stenosis, disc herniation at L5-S1 with radiculopathy and loss of disc height and low back pain with radiculopathy. According to progress note of March 17, 2015, the injured workers chief complaint was low back pain. The injured worker had improved range of motion with less pain, since surgery. Lumbar spine x-rays were taken at this visit, the fusion was incomplete. The treating physician was requesting a bone growth stimulator to assist with the bone growth the complete the fusion. The treatment plan included a purchase of ta bone growth stimulator postoperative lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase bone growth stimulator: Upheld

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

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 - Lumbar & Thoracic Chapter, Bone growth stimulators.

Decision rationale: The patient presents on 03/17/15 with lower back pain rated 3/10. The patient's date of injury is 09/22/13. Patient is status post anterior lumbar disc decompression and fusion on 12/18/14. The request is for DME Purchase Bone Growth Stimulator. The RFA is dated 03/17/15. Physical examination dated 03/17/15 reveals improved range of motion with less pain. No other physical examination findings are included. The patient's current medication regimen is not provided. Diagnostic imaging included post-operative lumbar X-ray dated 12/18/14, showing: "There is an L5-S1 interbody disc spacer and anterior fusion of L5-S1. There are 2 surgical clips injected just below the fusion plate." In-office lumbar X-ray dated 03/17/15 was also provided, significant findings include: "Anterior fusion with interbody graft is present and L5-S1. Cerclage wires are present through the L5 and S1 spinous process and are intact. Vertebral body heights are normal. Mild loss of disc height is present at L4-L5." Per 03/17/15 progress note, patient is classified as 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, and 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." In this case, the provider is requesting a bone-growth stimulator for this patient who is recovering from a recent L5-S1 spinal fusion on 12/18/14. Progress note dated 03/17/15 discusses the reason for the request, stating that the fusion is incomplete and that a bone-growth stimulator is required to assist in the process. However, the provider is not clear on exactly what is leading to this conclusion. A lumbar X-ray, taken at the time of the aforementioned examination does not include findings or an impression that the fusion has failed, and only provides an anatomical overview of the fusion hardware with no documented abnormalities aside from disc height loss above the level of the fusion. ODG supports bone grown stimulation in patients who present with previous fusion failures, grade III or worse spondylolisthesis, fusion at greater than 1 level, current smoker, or in those with diabetes, renal disease, alcoholism or osteoporosis. There is no evidence in the progress notes provided that this patient presents with any of these comorbidities, and without radiographic evidence supporting the conclusion of fusion failure, the request for a bone growth stimulator cannot be substantiated. Therefore, the request is not medically necessary