

Case Number:	CM13-0022998		
Date Assigned:	12/11/2013	Date of Injury:	02/07/2013
Decision Date:	03/19/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was injured in a slip and fall on 02/07/13. A T11 compression fracture with a 50% compression was noted by MRI and was characterized as moderately severe with 70% loss of anterior and central vertebral body height. This patient was treated with physical therapy, activity modifications and medications, including medicines, anti-inflammatory and narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Kyphoplasty of the Thoracic Spine as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders.,ACOEM>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Kyphoplasty.

Decision rationale: Based upon the period of time that has elapsed, conservative care rendered to date with persistent symptomatology, degree of deformity and age of this claimant, kyphoplasty is medically indicated and appropriate.