

<b>Case Number:</b>	CM13-0046737		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

The injured worker is a female with date of injury of 10/03/2013. Per primary treating physician's progress report, the injured worker complains of low back pain, mostly on the right side, associated with muscle spasm, no cauda equina symptoms, radicular symptoms, weakness or numbness. On exam she has an antalgic gait without limp. She is able to rise from lying and sitting positions with evidence of pain. Lumbar paraspinals are 4+ tender with spasm bilaterally. Sacroiliac joint, spinous processes, sacrum, and coccyx are all non-tender. Lumbar range of motion flexion to >10 inches above the floor, extension 10 degrees. Rotation right and left, and lateral bending right and left are normal. Supine straight leg raise is negative to 90 degrees bilaterally without radicular symptoms. Patrick's is negative bilaterally. Motor strength L2 through S1 are normal bilaterally. Neuro exam is normal. Diagnosis is sprain or strain of lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFER TO NEURO INTERVENTIONAL RADIOLOGY FOR VERTEBRALPLASTY:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 127

**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 Chapter, Criteria for Percutaneous Vertebroplasty

**Decision rationale:** Vertebroplasty is not a procedure that is recommended by the cited guidelines, and the medical evaluation at the time of the request does not meet the criteria established for percutaneous vertebroplasty. It is noted, however, that even with further evaluation that neurosurgery and neuro interventional radiology are not recommending vertebroplasty. The request for referral to neuro interventional radiology for vertebralplasty is determined to not be medically necessary.