

Case Number:	CM13-0072147		
Date Assigned:	01/08/2014	Date of Injury:	08/14/2004
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery and is licensed to practice in Texas and 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 70-year-old female who reported an injury on 08/14/2004. The mechanism of injury was not provided for review. The injured worker ultimately underwent lumbar fusion. The injured worker's postsurgical treatment history included an intrathecal pain pump, multiple medications, a home exercise program, and epidural steroid injections. The injured worker underwent thoracic kyphoplasty in 08/2013; however, had continued thoracic axial back pain. The injured worker was evaluated on 12/04/2013. Physical findings of the thoracic spine included decreased sensation in the T10, T11, and T12 dermatomal distributions bilaterally with restricted range of motion secondary to pain and a thoracic deformity noted at T8-9. The injured worker's diagnoses included peripheral neuropathy, radiculopathy, degenerative disc disease, acute compression fracture at T4-6, migraines, lumbar radiculopathy, lumbar facet arthropathy, sprain/strain of the thoracic region, degenerative joint disease of the bilateral knees, cervical radiculopathy, occipital neuralgia, and cervical facet arthropathy. The injured worker's treatment plan included continued medications, epidural steroid injection, and MRI of the thoracic spine. A request was made for thoracic vertebroplasty at the T11 level under fluoroscopic guidance with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC VERTEBROPLASTY AT LEVEL T11 UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: 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), Vertebroplasty.

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, Vertebroplasty.

Decision rationale: The requested thoracic vertebroplasty T11 under fluoroscopic guidance with anesthesia is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines do not support the use of a vertebroplasty unless there is evidence of compression fracture at the requested level. The clinical documentation submitted for review does provide evidence that the injured worker has axial back pain that has been non-responsive to conservative treatments. However, the clinical documentation submitted for review failed to provide an imaging study to support that the injured worker has a compression fracture at T11 that would benefit from vertebroplasty. As such, the requested thoracic vertebroplasty at T11 under fluoroscopic guidance with anesthesia is not medically necessary or appropriate.