

Case Number:	CM14-0018397		
Date Assigned:	04/18/2014	Date of Injury:	06/24/2008
Decision Date:	07/03/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 claimant is a 55-year-old gentleman who was injured on June 24, 2008 while lifting a 60 pound box acutely injuring his low back. There were also complaints of neck pain. Specific to the claimants lumbar spine, an MRI report of December 12, 2013 specifically showed the L3-4 level to be with disc desiccation, loss of disc height and the L4 vertebral body to be with plate compressive deformity with mild trabecular stress response, i.e. a compression fracture of approximately 10% of vertebral body height. Age was not identified. The claimant was with no acute clinical complaints or recent trauma. On December 2, 2013 followup the physician reviewed the claimants recent films and recommended a vertebroplasty at the L4 level for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR VERTEBROPLASTY AT L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Vertebroplasty.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, current use of vertebroplasty in the lumbar spine is not supported. Recent research yielded no significant benefit with spinal augmentation of vertebroplasty or kyphoplasty for the treatment of osteoporotic vertebral compression fractures versus control group with no treatment. In this setting the claimants age of fracture is unclear with only 10% of vertebral height noted to be lost. Given the claimants clinical presentation and Guideline criteria, the specific request in this individual would not be supported.