

<b>Case Number:</b>	CM14-0135898		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 69 year-old with a date of injury of 06/27/14. A progress report associated with the request for services, dated 08/11/14, identified subjective complaints of low back pain. Duration and other aspects of the pain were not provided. Objective findings appeared to include increased pain with range of motion of the lumbar spine (partially legible). An MRI on 07/31/14 showed an acute fracture of the L4 body with loss of 30% of height. Diagnoses included (paraphrased) sciatica; lumbar disc disease; and scoliosis. Previous treatment was not documented. A Utilization Review determination was rendered on 08/12/14 recommending non-certification of "L4 Kyphoplasty; Pre-Operative Medical Clearance; Lumbosacral Orthosis (Rental or Purchase); and 2 Day Hospital Stay".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4 Kyphoplasty: 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), Low Back Procedure: Indications for Surgery - Kyphoplasty

**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, Kyphoplasty

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address Kyphoplasty. The Official Disability Guidelines (ODG) state that Kyphoplasty is recommended as an option for pathologic fractures from neoplasm. For pathologic fractures due to osteoporosis, there should have been failure of other of other options including bisphosphonates. Indications for Kyphoplasty include:-Presence of unremitting pain and functional deficits due to compression fracture from: neoplasm or osteoporotic compression fracture.-Lack of satisfactory improvement with medical treatment.-Affected vertebra was at least one third of its original height.-Fracture age not exceeding three months.In this case, the record does not document the necessary criteria and therefore the medical necessity for an L4 Kyphoplasty.

**Pre-Operative Medical Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lumbosacral Orthosis (Rental or Purchase):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief.The non-certification was based upon the orthosis being required after kyphoplasty. In this case, the patient is in the acute phase of their illness. Therefore, there is documentation for the medical necessity for short-term (rental) use of a lumbosacral orthosis.

**2 Day Hospital Stay:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.