

<b>Case Number:</b>	CM14-0159551		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Texas. 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 65-year-old female who reported injury on 12/19/2008. The mechanism of injury was the injured worker was lifting a 5 gallon bucket of paint. The injured worker was diagnosed with a fracture of the lumbar vertebrae. The injured worker had a compression fracture of L2 and L4 for which the injured worker had an L2 and L4 kyphoplasty in 2009. On 12/03/2013, the injured worker felt a pop and severe lumbar spine pain and had an L1 compression fracture. The injured worker had a history of severe osteoporosis and was on maintenance medication. The injured worker had a CT of the lumbar spine on 06/03/2014 showing postoperative changes at L2-4 kyphoplasty, severe multilevel degenerative disc disease, and a new compression fracture at L1 with no evidence of spondylolisthesis or scoliosis. The injured worker had an MRI on 05/20/2014 which revealed a 60% to 70% compression fracture of the L1 vertebral body with marrow edema of the posterior element. The x-rays revealed severe bone density loss and, as such, there was a request for a kyphoplasty. Medications were not provided. Prior therapies were not provided. There was a Request for Authorization submitted dated 09/16/2014. The documentation of 09/04/2014 revealed the injured worker had upper lumbar spine pain. The injured worker indicated she was unable to function and had severe difficulty completing activities of daily living and could not sit for long periods of time. The medications included Vicodin, alendronate, vitamin D, and Effexor. The physical examination revealed lumbar kyphosis with mild tenderness to palpation to the right of the midline at the upper lumbar spine. There was spasm in the paraspinal muscles towards the right. The injured worker had decreased range of motion. The diagnoses included L1 compression fracture, severe, and previous L2, L3, and L4 compression fracture status post kyphoplasty. The treatment plan included a kyphoplasty at L1. There was a Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percut kyphoplasty lumbar:** 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 Chapter, 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 Chapter, Kyphoplasty

**Decision rationale:** The Official Disability Guidelines indicate that a kyphoplasty is appropriate for the presence of unremitting pain and functional deficits due to a compression fracture from osteoporosis and when there is a lack of satisfactory improvement including medications, bracing, and therapy. There should be documentation of the absence of alternative causes for pain such as a herniated intervertebral disc by MRI or CT scan. There should be documentation the affected vertebra is at least 1 third of its original height and the fracture should not exceed 3 months. The clinical documentation submitted for review indicated the injured worker had met the criteria with the exception of a lack of documentation indicating the injured worker had trialed medications, bracing, and therapy. However, the injured worker was noted to have prior compression fractures which did not respond to physical medicine treatment or medications. The official MRI and/or CT scan were not provided for review. The request as submitted failed to indicate the level to be operated on. Given the above and the lack of documentation, the request for Percut kyphoplasty lumbar is not medically necessary.