

<b>Case Number:</b>	CM14-0026594		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/05/1982
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Spinal Surgeon, and is licensed to practice in New York. 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 patient is a female born in [REDACTED] 1939. She has a date of injury of March 5, 1982. The patient complains of low back pain radiating to the left leg. On physical examination the patient has tenderness in the midline at approximately L1. MRI from 2011 shows multiple levels of disc degeneration a protrusions. The patient has chronic back pain. She cannot stand or walk for longer than 10 minutes. At issue is whether Vertebroplasty is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VERTEBROPLASTY L1 22325 76000 76003:** 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) low back pain chapter

**Decision rationale:** The patient does not meet criteria for Vertebroplasty. Specifically imaging studies do not document a new fracture in the lumbar spine. There is also no clear correlation between physical examination and imaging studies showing pathology related to the patient's pain. The patient has multiple levels of disc degeneration on MRI imaging from 2011. There is

no documentation of new fracture. There is no clinical indication for Vertebroplasty.  
Vertebroplasty is not medically necessary.