

<b>Case Number:</b>	CM14-0038304		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/01/1993
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 59 year old gentleman who injured both his neck and lower back secondary to cumulative trauma in a work related accident on 9/1/93. The medical records provided for review document that the claimant is status post an L 2 - L 3 and L 4 - L 5 laminectomy in 1991. He also underwent a lumbar fusion with subsequent instrument removal in June of 2011. Further surgery in January 2013 included revision of the L 3-4 and L 4-5 interbody fusion. Physical examination from 3/13 showed tenderness over the T-12 area, restricted lumbar range of motion and a normal gait pattern. The clinical assessment on 3/1/14 showed increased thoraco-lumbar discomfort. The report of plain film radiographs in December 2013 identified significant end plate changes and collapse of the vertebral body at the T-12 level. Repeat films on 2/5/14 showed continued collapse of the T-12 body. A 2/5/14 abdominal CT scan demonstrated 30 percent compression of the vertebral body. The recommendation was made for a T-12 kyphoplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient T12 Kyphoplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Clinical Practice Guidelines.

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

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address kyphoplasty. According to the Official Disability Guidelines, the request for kyphoplasty would not be supported. The Official Disability Guidelines recommend Kyphoplasty when the fracture age does not exceed three months and in circumstances when there is a lack of significant improvement with medical treatment, such as bracing, physical therapy and medication management. Currently there is no indication of prior conservative care specifically in regards to the claimant's T-12 compression fracture and the time frame from diagnosis of the fracture exceeds three months. Given the sub-acute presentation of the compression injury, the request for kyphoplasty would not be supported. Therefore, the request is not medically necessary.