

Case Number:	CM14-0187862		
Date Assigned:	11/18/2014	Date of Injury:	01/23/2014
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 Spine 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 55-year-old male who fell and sustained compression fractures of the spine. The patient has chronic back pain. At issue is whether vertebral plasty is medically necessary. The on physical examination the patient has no neurologic deficits. The patient complains of pain and thoracic and lumbar spine. CT scan shows degenerative changes of the spine. There are multiple compression fractures. At issue is whether vertebral plasty is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vertebroplasty for the T9 and L1 vertebral compression fractures for the Thoracic and Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG back pain chapter, MTUS back pain chapter

Decision rationale: Guidelines do not support the use of vertebroplasty for compression fractures. Vertebroplasty has not been shown to be more effective than sham treatment in recent literature. There is an article in the New England Journal of medicine by [REDACTED] that clearly shows that vertebroplasty is no more effective than sham treatment for vertebral

compression fractures. Vertebral compression fractures should not be treated by cement augmentation and cement augmentation is not supported by current literature. Guidelines do not support the use of cement augmentation for vertebral compression fractures. It is not medically necessary in this case. Is not more effective than conservative measures for treatment of vertebral compression fractures.