

<b>Case Number:</b>	CM14-0187900		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 62-year-old male who reported an injury on 12/30/2001. The mechanism of injury was not specifically stated. The current diagnoses include irritable bowel syndrome, psoriatic arthritis, tear of the medial cartilage or meniscus of the knee, neck pain, lumbar radiculitis, lumbar degenerative disc disease, amyotrophic lateral sclerosis, and acute fracture of T12. The injured worker presented on 06/04/2014 with complaints of mid and low back pain. Previous conservative treatment is noted to include TENS therapy, massage therapy, bracing, and physical therapy. The physical examination revealed weakness in the bilateral lower extremities, 2+ patellar deep tendon reflexes, 1+ Achilles deep tendon reflexes, intact sensation, tenderness to palpation over the thoracic spine at T12, tenderness over the lumbar paraspinals, pain with lumbar flexion and extension, a positive straight leg raise, and positive atrophy of the bilateral lower extremities. Treatment recommendations at that time included a referral to an orthopedic surgeon for a possible vertebroplasty of T12. It is noted that the injured worker underwent an x-ray of the thoracic spine on 05/29/2014, which revealed evidence of mild to moderate spondylosis of the cervical spine with degenerative disc disease. The injured worker also underwent an MRI of the lumbar spine on 05/29/2014, which revealed evidence of an acute/subacute moderate anterior compression fracture of T12. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vertebroplasty of T12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines- Low Back

**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, Vertebroplasty

**Decision rationale:** The Official Disability Guidelines do not recommend vertebroplasty based on recent higher quality studies. While it is not recommended, the criteria include severe debilitating pain or loss of mobility that cannot be relieved by correct medical therapy, after other causes of pain such as herniated intervertebral disc that have ruled out by computed tomography or MRI, and if the affected vertebra has not been extensively destroyed and is at least 1/3 of its original height. As per the documentation submitted, the injured worker's physical examination does not reveal a significant musculoskeletal deficit. There is no documentation of severe debilitating pain or a loss of mobility that cannot be relieved by the correct medical therapy. As such, the current request cannot be determined as medically appropriate in this case.

**Inpatient 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.