

Case Number:	CM14-0073794		
Date Assigned:	07/16/2014	Date of Injury:	12/07/2012
Decision Date:	05/01/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 28-year-old man who had a second story fall on December 7, 2012 sustaining cervical and thoracic spinal compression fractures evaluated by a neurosurgeon who recommended non-surgical treatment with temporary bracing. He has ongoing 8/10 pain in his head, neck and back. On April 30, 2014, the injured worker complained of cervical pain rated as an 8 on a 1-10 pain scale. The pain is described as aching, deep, dull, pressure, sharp, stabbing, grinding, stiffness and spasms. Heat, ice, temperature or humidity and turning his neck worsen the condition. Medication helps to improve the pain. He also complained of low back pain and lumbar complaints rated as an 8/10 on the pain scale. This pain is described as dull, sharp, stiff, soreness and pressure. Heat, ice, bending and temperature or humidity worsens the condition. Rest and medication improve the pain. Evaluation has included x-rays and MRIs. Treatment has included heat, cold, therapy, aquatic therapy, acupuncture and narcotic pain medications including presently Norco and methadone, but records indicate treating physicians dispute the medication usage and a report of January 29, 2014 notes, "It is unconscionable to insult his brain and his life with such high doses of medications," and recommends weaning from narcotics. Diagnoses include cervical and thoracic vertebral compression fractures, SI joint injury, headaches, disc injuries, fatigue, neuropathic dysesthesias, weakness in his left leg, left knee instability, depression, myofascial pain syndrome, chronic pain syndrome. The treatment plan included x-rays, laboratory evaluation, EKG, evaluation for vertebroplasty of the cervical and thoracic spine and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Vertebroplasty Cervical and Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004; page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.

Decision rationale: The CA MTUS is silent on vertebroplasty. There is limited support for vertebroplasty in the treatment of painful acute osteoporotic and pathologic vertebral compression fractures. An April 27, 2015 search of the National Library of Medicine's PubMed database identified no evidence of efficacy in this clinical scenario of traumatic compression fractures over 2 years ago which would be healed at this point. There is no reasonable expectation of efficacy and no scientific support for the request, which is therefore considered medically unnecessary.