

Case Number:	CM15-0106656		
Date Assigned:	06/11/2015	Date of Injury:	04/18/2000
Decision Date:	08/11/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 69-year-old male who sustained an industrial injury on 4/18/00. The mechanism of injury was not documented. Past medical history was positive for prostate cancer in 1998 and he underwent prostatectomy. He did well following the prostatectomy with an undetectable PSA (prostate specific antigen). His PSA began to rise in 2002 and he underwent radiation treatment with reduction of his PSA back to undetectable levels. In October 2011, he developed symptoms of frequency and urgency. The 10/30/12 CT scan of the abdomen and pelvis demonstrated a soft tissue mass along the left posterior pelvis, suspicious for tumor recurrence. The 2/21/12 PET-CT scan showed hyper-metabolic soft tissue mass in the posterior left pelvis, concerning for malignancy, and evidence of scattered lung nodules. A tumor biopsy was performed and found consistent with adenocarcinoma. He received chemotherapy. Subsequent progression was documented in the pelvis with a large destructive soft tissue mass centered at the left acetabula including the left ischium and ilium, and metastases to the T10 vertebrae. He underwent additional radiation therapy, and a kyphoplasty of T11, T12, and L1 on 9/19/14. Pathology from T11 bone tissue showed significant inflammation with no malignancy identified. The 10/15/14 pelvic CT scan documented osteopenia with multilevel compression deformities that were stable in appearance, as well as vertebroplasty material at L3. The 1/15/15 bone scintigraphy study showed increased plate-like tracer uptake in the lower thoracic spine (T10) and L5 compatible with compression fractures. Retrospective authorization was requested for outpatient kyphoplasty at T11, T12 and L1 on date of service 9/19/14. The 5/13/15 utilization review non-certified the retrospective request for kyphoplasty at T11, T12, and L1 as there were

no diagnostics submitted for review that outlined the severity and extent of pathology in the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OP Kyphoplasty at Thoracic T11, T12 and Lumbar L1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Indications for Kyphoplasty.

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 Lumbar & Thoracic: Kyphoplasty.

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines state that kyphoplasty (vertebral augmentation) is recommended as an option for patients with pathologic fractures due to vertebral body neoplasms, who may benefit from this treatment. Surgical indications include presence of unremitting pain and functional deficits due to compression fractures from osteolytic metastasis, myeloma, or hemangioma, lack for satisfactory improvement with medical treatment (e.g. medications, bracing, therapy), absence of alternative causes for pain such as herniated disc, affected vertebra is at least 1/3 of its original height, and fracture age not exceeding 3 months. Guideline criteria have been met. This injured worker presents with a primary diagnosis of malignant neoplasm of the prostate with secondary metastasis to the bone. Imaging provided documents multilevel thoracolumbar compression fractures and osteopenia. Reasonable conservative treatment had been tried and failed with on-going progressive compression fractures documented. Therefore, this request is medically necessary.