

Case Number:	CM15-0109546		
Date Assigned:	06/16/2015	Date of Injury:	04/21/2015
Decision Date:	07/20/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: Minnesota, Florida
 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 60 year old female, who sustained an industrial injury on 4/21/15. She reported a back injury. The injured worker was diagnosed as having closed fracture of lumbar vertebrae. Treatment to date has included oral medications including Norco. (MRI) magnetic resonance imaging of lumbar spine performed on 5/12/15 revealed acute compression fracture at L4 by approximately 75 percent with involvement of the pedicles and disc bulges are seen throughout the mid to lower lumbar spine measuring 1-2 mm with mild stenosis and neural foraminal narrowing. Currently, the injured worker complains of continued low back pain with radiation down left leg. She rates the pain as 5/10 with Norco and 10/10 without Norco. She is currently not working. Physical exam noted an antalgic gait, limited range of motion of lumbar spine and tenderness in the lumbosacral paraspinal musculature with spasms present. The treatment plan included request for lumbar brace, L4 Kyphoplasty, and prescriptions for Soma 300 mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 Kyphoplasty at [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Kyphoplasty.

Decision rationale: ODG guidelines recommend kyphoplasty as an option for patients with pathologic fractures due to vertebral body neoplasms such as metastatic disease, myeloma, and hemangioma. However, it is under study for other types of vertebral compression fractures. If used for osteoporotic compression fractures it should be restricted to selected patients failing other interventions including treatment with biphosphonates, bracing, and therapy. It should not be performed in fractures older than 3 months since the studies did not evaluate such fractures. In this case the documentation does not suggest any evidence of metastatic disease, myeloma, or hemangioma. The injured worker is 60 years old. On 4/21/2015 she was using a floor scrubber and was walking behind the machine when it got stuck. She twisted the machine and hurt her back. She felt a slight pain at that moment which increased later on that day. No physical therapy was prescribed. She underwent an initial spinal evaluation on 4/30/2015. She was noted to have a slow gait. Examination of the lumbar spine revealed forward flexion of 60 degrees and extension 30 degrees. Lateral rotation was 25 degrees in either direction. Sensation was normal to light touch with the exception of diminished sensation in the right L5-S1 distribution to pinwheel. There was positive straight leg raising at 60 degrees on the right in the sitting position. She was tender to palpation over the right sciatic notch and right paralumbar musculature. X-rays revealed compression fractures of L4 and L2. An MRI scan of the lumbar spine was requested. The MRI scan of May 13, 2015 revealed an acute compression fracture of L4, approximately 75 percent with involvement of pedicles. The treating physician recommended a lumbar brace, Soma 300 mg by mouth daily at bedtime #60, Norco 10/325 #60 and L4 Kyphoplasty. The request was noncertified by utilization review for lack of documentation of conservative treatment. In this case, there is no documentation of metastatic disease, myeloma, or hemangioma. ODG guidelines clearly state that if used for osteoporotic compression fractures it should be restricted to selected patients after failure of treatment with biphosphonates. In this case the documentation indicates use of analgesics and a lumbosacral corset but no biphosphonate therapy is documented. As such, the request for L4 Kyphoplasty is not supported and the medical necessity of the request has not been substantiated.

Pre-op labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Kyphoplasty.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Soma 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): s 63 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: California MTUS chronic pain medical treatment guidelines indicate Soma (Carisoprodol) is not recommended. This medication is not indicated for long-term use. As such, the request for Soma (Carisoprodol) # 60 is not supported and the medical necessity of the request has not been substantiated.

Pre-op labs: PT/PTT INR: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op labs: CMP: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest X-ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.