

Case Number:	CM15-0132909		
Date Assigned:	07/21/2015	Date of Injury:	07/19/1994
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This injured worker is a 72-year-old male who sustained an industrial injury on 7/19/94. The mechanism of injury was not documented. The 6/19/15 treating physician report cited mid and lower back pain with calf muscle cramping in both lower extremities. Pain was reported intractable over the lumbar area, not improved since his last visit. Pain was noted to be constant grade 6-9/10 and interfered with activities of daily living and ability to sleep. The injured worker had a recent evaluation with another physician to discuss a kyphoplasty. Thoracic exam documented severe tenderness over the bilateral mid to lower parathoracic facet joints, and pain aggravated with movement. The lumbosacral exam documented tenderness over L4/5, left lower extremity atrophy, severe tenderness over the L2/3 vertebral region with straight leg raise, poor range of motion due to pain, and severe sacroiliac joint tenderness with positive FABER and Patrick tests. Physical exam documented very slow and antalgic stiff gait, severe left greater than right paralumbar spasms, diffuse lower extremity weakness due to pain, decreased knee reflexes, weak right ankle reflex compared to the left, and decreased right L4, L5, and S1 and left L5 sensation. The diagnosis included lumbar compression fracture, lumbar spinal stenosis, right lumbar radiculopathy, myofascial pain syndrome, sacroiliac joint dysfunction, lumbar facet arthropathy, failed back surgery syndrome, and thoracic facet arthropathy. The treatment plan recommended continued Robaxin, home exercise program, moist heat, and stretches. Authorization was requested for kyphoplasty of the L2 vertebrae under anesthesia with x-ray fluoroscopy guidance. The 6/29/15 utilization review non-certified the request for the kyphoplasty at L2 as there was no documentation that the patient had pathological fractures due

to vertebral body neoplasms, no imaging was provided for review, and prior treatment was limited to physical therapy and TENS unit. The 7/5/15 injured worker appeal letter stated that his most recent MRI showed a fracture of the L2 vertebra and 3 partially herniated discs which is why he was having more pain than usual. Kyphoplasty was recommended and a second opinion authorized and performed. He reported grade 9/10 pain and was not taking any prescription pain medications because of the side effects. Alternative pain treatments were not currently effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kyphoplasty of L2 Vertebrae anesthesia with x-ray fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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, but under study for other vertebral compression fractures, and if used for osteoporotic compression fractures should be restricted to selected patients failing other interventions (including bisphosphonate therapy) with significant unresolving pain. Surgical indications include presence of unremitting pain and functional deficits due to compression fractures, 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 not been met. This injured worker presents with intractable lumbar pain that interferes with activities of daily living and sleep. Clinical exam findings are consistent with nerve root compromise and document severe tenderness at the L2/3 level. The diagnosis included lumbar compression fracture. There are no radiographic or imaging reports documented in the submitted medical records. There is no documentation regarding L2 vertebral height or the age of the compression fracture. There is no documentation of osteoporosis treatment or the presence of neoplasm. There is no evidence that disc-generated pain has been ruled-out. Therefore, this request is not medically necessary at this time.