

<b>Case Number:</b>	CM15-0142260		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: California, Indiana, Oregon  
 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 53-year-old male who sustained a work related injury November 9, 2013. While picking oranges, he fell from a 12-foot ladder onto his back, with immediate pain to his lower back with numbness tingling and burning pain throughout his feet, into his soles bilaterally. He was diagnosed with an L4 fracture, non-displaced. An MRI of the lumbar spine, performed March 19, 2015, report is present in the medical record. On December 9, 2014, the injured worker underwent a caudal epidural steroid injection L4-L5 with a diagnosis of lumbar radiculopathy. According to a primary treating physician's progress report, dated June 4, 2015, the injured worker presented with complaints of chronic low back pain. He has completed acupuncture and physical therapy treatment and is pending a repeat MRI and repeat denial for surgery. Examination of the lumbar spine revealed axial back pain with flexion and extension. Range of motion is limited and there is spasm noted. An MRI of the lumbar spine from March 2015 revealed severe stenosis at L4-L5 and persistent bone marrow increased signal in T2 sequences at L4 and moderate stenosis L3-L4. Diagnoses are L4 compression subacute; L3-4 moderate stenosis, L4-5 severe stenosis. Treatment plan included discussion of bone bruising and surgery is indicated. At issue, is the request for authorization for L4 kyphoplasty, pre-operative; office visit, CBC (complete blood count), CMP (comprehensive metabolic panel), PT-PTT-INR (prothrombin time-partial thromboplastin time-international normalized ratio), EKG (electrocardiogram), UA (urinalysis), and post-operative office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4 Kyphoplasty to be performed in an outpatient facility: 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 Chapter, 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 Chapter.

**Decision rationale:** The CA MTUS/ACOEM is silent on kyphoplasty. The ODG low back is referenced. Kyphoplasty is recommended for unremitting back pain from pathologic fracture from metastatic disease, myeloma and hemangioma. It is under study for osteoporotic compression fractures. When used for an indicated condition, there must be lack of efficacy of medical treatments, vertebral height less than 1/3 of original and fracture age less than 3 months. In this case, the diagnosis is not one of those for which kyphoplasty is recommended. The request is not medically necessary.

**Preoperative office visit: 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.

**Preoperative CBC: 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.

**Preoperative 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.

**Preoperative 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.

**Associated Surgical Service: 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.

**Associated Surgical Service: UA:** 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.

**Post operative office visit:** 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.