

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0186033 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 01/27/2015 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 79-year-old female who sustained an industrial injury on 1/27/15. Injury occurred when she was walking down a spiral staircase, missed a step and fell down 3-4 stairs, landing on her buttocks and back. She was diagnosed with an L1 vertebral compression fracture and hospitalized for 4 to 5 days. She was discharged in a rigid back brace and was using a walker. The 2/13/15 orthopedic report documented x-rays were obtained and showed a compression fracture of the L1 vertebra with no posterior protrusion, estimated at 50% of the height of the vertebra. X-rays showed slight scoliosis of the lumbar spine with multilevel degenerative disc disease and facet arthropathy. Continued brace, activity modification, and medications were recommended. The 3/30/15 orthopedic report documented x-ray findings showing excellent healing of the L1 vertebral body fracture in progress. One additional month of bracing was recommended, following by physical therapy. The 5/18/15 orthopedic report documented that lumbar spine x-rays showed complete healing of the L1 vertebral body. She had completed initial physical therapy and additional therapy was recommended. She was relocating out of state and transfer of care was requested. The 8/18/15 treating physician report cited grade 7-8/10 low back pain. The injured worker denied any significant lower extremity pain or paresthesia. Physical exam documented tenderness to palpation at approximately L1 in midline with no bony step off. There was full active lumbar range of motion, negative bilateral straight leg raise, and normal lower extremity neurologic exam. Imaging was reviewed from 7/30/15 and showed an acute L1 compression fracture with multilevel lumbar degenerative disc disease and spondylosis with grade 1 L5/S1 spondylolisthesis. The injured worker had failed 8 months of conservative measures, including lifestyle and activity modification. The treatment plan documented discussion of bracing versus kyphoplasty procedure. The injured worker wished to

move forward with kyphoplasty. Authorization was requested for a kyphoplasty. The 8/31/15 utilization review non-certified the request for kyphoplasty as there was no indication of a new compression fracture superimposed on the older fracture, and the original L1 fracture was 8 months old and had been reported completely healed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kyphoplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Surgical considerations, 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, 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 sustained an L1 compression fracture on 1/27/15 with subsequent complete healing reported. There is a current complaint of low back pain with tenderness to palpation over the L1 region. There is prior imaging evidence of multilevel degenerative disc disease and facet arthropathy and a report of an acute L1 vertebral fracture on a 7/30/15 MRI. Prior x-rays were documented showing complete healing of this fracture. There is no current imaging report available in the file. Guidelines do not support kyphoplasty for fractures older than 3 months. There is no evidence to suggest a new fracture at the same level. Therefore, this request is not medically necessary.