

<b>Case Number:</b>	CM15-0212908		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 36-year-old male who sustained an industrial injury on 9/26/11. Injury occurred when he fell off a roof approximately 15 feet, landing on his feet and falling backwards against a wall. The 10/4/11 lumbar spine MRI impression documented an L1 compression fracture without evidence of epidural hematoma. The pedicles were intact and there was anatomic alignment at the fracture site. There was an approximate 15% loss of height at the L1 vertebral body. There were no significant abnormalities documented at the L5/S1 level. The 9/3/15 initial pain management report documented a history of injury that included a patient report of an L5 vertebrae fracture. He reported on-going and worsening low back pain following return to work in March 2012. Current complaints included constant low back pain with electrical shocks radiating through the low back to the right leg and testicles. He complained of bowel and bladder incontinence. Pain was reported at best 8/10 and worst 10/10. There were no relieving factors. Significant functional difficulty was noted in lifting more than 20 pounds. Physical exam documented restricted lumbar range of motion, bilateral lumbar paravertebral muscle tenderness and spasms, and negative straight leg raise. Neurologic exam was within normal limits. The diagnosis was lumbar compression fracture. An orthopedic evaluation was requested and medications were prescribed. The pain management physician opined the injured worker was a candidate for L5 kyphoplasty secondary to L5 compression fracture. The 10/12/15 pain management report cited constant severe mid and low back pain radiating to the left lower extremity with numbness and tingling. He reported grade 9/10 pain that reduced to 5/10 with Norco. Physical exam documented limited lumbar range of motion, positive bilateral straight leg

raise, and tenderness to palpation along the lumbar spine. The diagnoses include L5 compression fracture. MRI was requested to assess the fracture and possible disc herniation. Authorization was requested for an L5 kyphoplasty with an associated hospital length of stay, duration not specified. The 10/27/15 utilization review non-certified the request for L5 kyphoplasty and associated length of stay as there was no documentation of an L5 compression fracture on imaging studies, and past medical history was positive for a traumatic compression fracture that was 4 years old.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Kyphoplasty L5: 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) Treatment Index, 13th Edition (web), 2015, Low Back.

**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. This injured worker sustained a traumatic L1 compression fracture in 2011. He has reported persistent and worsening low back pain since return to work in 2012. The treating physician has requested a lumbar MRI to assess the compression fracture and possible disc herniation based on current signs/symptoms. There is no current or past imaging evidence of a compression fracture at the L5 level to support the medical necessity of this request. Therefore, this request is not medically necessary.

#### **Associated Surgical Service: Length of Stay (duration not specified): 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.