Case Number:	CM15-0221019		
Date Assigned:	11/24/2015	**Date of Injury:**	03/11/2015
Decision Date:	12/31/2015	**UR Denial Date:**	11/03/2015
Priority:	Standard	**Application Received:**	11/10/2015

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:

This 52 year old man sustained an industrial injury on 3-11-2015. Diagnoses include thoracic vertebral pathological fracture. Treatment has included oral medications, thoracic-lumbar-sacral support brace, and surgical intervention. Physician notes dated 10-8-2015 show complaints of back pain with lower extremity weakness and poor sleep due to pain. The physical examination shows an antalgic gait and tenderness to palpation of the lower thoracic spine to the sacral spine. Range of motion assessment was deferred. Recommendations include T8-L2 surgical intervention, new MRI, and follow up in four weeks. Utilization Review denied a request for inpatient posterior thoracic fusion with instrumentation T8-L2 with bone morphogenic protein and three-day length of stay on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient posterior thoracic fusion with instrumentation T8-L2 with bone morphogenic protein with 3 day LOS: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Fusion, Bone-morphogenetic protein.

Decision rationale: Progress notes dated 9/16/2015 indicate that the injured worker presented with continuing pain related to a fall on 3/11/2015. He twisted and felt a pop in his back. He underwent a T12 vertebroplasty for a pathologic fracture through a hemangioma on 5/19/2015 with no relief. He had undergone a lumbar fusion in 1991. MRI of the thoracic spine dated 9/20/2015 revealed post treatment changes related to vertebroplasty at T12 level with signal abnormality extending into bilateral pedicles and posterior elements compatible with diffuse intraosseous hemangioma as previously mentioned. No new fractures were identified. A CT of the thoracic spine dated 8/21/2015 revealed the compression fracture deformity involving T12 vertebral body status post vertebroplasty. The vertebra appeared unchanged in height. There was mild unchanged posterior retropulsion into the spinal canal. There was continued medullary expansion involving the posterior elements at T12 which may represent a diffuse intraosseous hemangioma. On examination, he had a brace on and was complaining of diffuse mild back pain. Neurologic examination was negative. There was no joint tenderness, deformity or swelling. The injured worker was advised to have a new MRI scan and an appointment with the surgeon was scheduled for a telephone consultation on 10/8/2015. Treatment options were subsequently discussed and the injured worker elected a posterior fusion from T8-L2 with instrumentation. A PA and lateral view of the thoracic and lumbar spine dated 10/12/2015 revealed mild exaggeration of the thoracic kyphosis at T12 status post T12 kyphoplasty. There was no scoliosis noted. Based upon the absence of a significant angular deformity on these x-rays, as well as the absence of a guideline necessitated psychosocial evaluation prior to the fusion, the request was noncertified by utilization review. The injured worker has a compression fracture of T12 status post vertebroplasty with no evidence of instability and no neurologic deficit. X-rays have revealed a mild exaggeration of the kyphosis but no other significant deformity is noted. The fracture is stable and has been treated with vertebroplasty. It is a pathologic fracture due to the presence of a benign hemangioma in that location. The California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long- term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. In this case, the fracture is not acute, it is stable on multiple imaging studies, and there is no evidence of objective neurologic deficit or electrodiagnostic evidence of radiculopathy. ODG guidelines recommend a fusion in Scheuermann's kyphosis as an option for adult patients with severe deformities for example more than 70 of thoracic kyphosis, neurological symptoms and pain not adequately resolved non-operatively. It is also recommended in an unstable fracture, scoliosis with progressive pain and spondylolisthesis with instability and symptomatic radiculopathy and/or symptomatic spinal stenosis. In this case none of the above criteria are noted. Furthermore, a psychosocial evaluation has not been carried out. As such, the request for a fusion from T8-L2 is not supported and the medical necessity of the request has not been substantiated. ODG guidelines do not support the use of bone morphogenetic protein. As such the request for BMP is not medically necessary. In light of the foregoing the requested in-patient posterior thoracic fusion with instrumentation T8-L2 with BMP and 3 day length of hospital stay is not medically necessary.

Post op front wheel walker: 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.