

Case Number:	CM15-0224852		
Date Assigned:	11/23/2015	Date of Injury:	12/08/2014
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/16/2015

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:

The injured worker is a 43 year old male, who sustained an industrial injury on 12-8-14. The injured worker was diagnosed as having closed fracture of the thoracic vertebrae without spinal cord injury; compression fracture T10. Treatment to date has included physical therapy (x12); medications. Diagnostics studies included X-rays thoracic spine (12-8-14; 1-5-15; 2-17-15); CT scan cervical spine (12-8-14); MRI thoracic spine (6-29-15). Currently, the PR-2 notes dated 8-17-15 indicated the injured worker was in the office for a follow-up and was last seen on 5-5-15 for his back pain that is mostly in the lower thoracic spine. He has been treated with medical management with MS Contin as well as MSIR as needed. Another MRI of the thoracic spine was ordered and done on 6-30-15. The provider notes it demonstrates a T10 vertebral compression fracture. There is also a suggested "very large Schmorl's node" by the radiologist. He continues with a "significant amount of midback pain, which inhibits him from working or doing any kind of prolonged standing activity or walking without significant pain. He is pretty much only able to sit or lay or stand for only very minimal periods of time." On physical examination, the provider notes Exam of the thoracic paraspinal region notes tenderness to palpation right at the level of his thoracolumbar junction with restrictions mostly in flexion secondary to pain. Extension, rotation and side bending appear to be intact. Manual muscle testing across all myotomes in the lower extremities appears to be normal at 5 out of 5. Sensory to light touch appears to be intact across all dermatomes. Bilateral patellar and Achilles reflexes are normal, 2 out of 4 and symmetrical. There is no clonus noted. There is normal Babinski and a negative leg raise. Gait appears to be grossly intact. The provider's treatment plan is for authorization of a Kyphoplasty

at T10 to improve the injured workers pain level, return to work and active life style and discontinue medications. A Request for Authorization is dated 10-27-15. A Utilization Review letter is dated 10-16-15 and non-certification for Kyphoplasty at T10 and Associated Surgical Service: LOS (duration not specified). A request for authorization has been received for Kyphoplasty at T10 and Associated Surgical Service: LOS (duration not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kyphoplasty at T10: 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, Kyphoplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Kyphoplasty.

Decision rationale: ODG guidelines indicate kyphoplasty for unremitting pain and functional deficits due to compression fractures from osteolytic metastases, myeloma, hemangioma, and osteoporotic compression fractures (under study). The criteria include lack of satisfactory improvement with medical treatment, absence of alternative causes of pain such as herniated intervertebral disc by CT or MRI, affected vertebra is at least one third of its original height, and fracture age does not exceed 3 months since studies did not evaluate older fractures. In this case the injury was in December 2014 and the fracture of T10 was discovered on 1/5/2015. This makes the fracture age considerably greater than 3 months. As such, the request for kyphoplasty is not supported and the medical necessity of the request has not been substantiated.

Associated Surgical Service: LOS (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.