

<b>Case Number:</b>	CM15-0031368		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Oregon, California  
 Certification(s)/Specialty: Neurological 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 59-year-old female who reported an injury on 06/03/2013. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with T11, L1, L2, L4, and L5 compression fractures. On 08/01/2014, the injured worker presented for an evaluation with complaints of lower thoracic and lumbar pain rated 7/10 without medication and 5/10 with medication. The injured worker was utilizing Norco 10/325 mg. Upon examination, there was palpable tenderness of the midline lumbar spine at the L3-4 level, 60 degrees flexion, 8 degrees extension, 20 degrees left lateral bending, 21 degrees right lateral bending, 2+ deep tendon reflexes, negative straight leg raise, and 5/5 motor strength. Recommendations at that time included authorization for a kyphoplasty at T11, T12, and L4. The injured worker was also instructed to follow-up in the office in 4 to 6 weeks. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kyphoplasties T11, T12 and L4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: 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) Low Back Chapter, Kyphoplasty.

**Decision rationale:** The Official Disability Guidelines recommend a Kyphoplasty when there is evidence of unremitting pain and functional deficits due to compression fracture. There should be evidence of a lack of satisfactory improvement with medical treatment including medications, bracing and therapy. While the injured worker noted complaints of thoracic and lumbar pain, there was no evidence of a significant functional limitation upon examination. There was no recent comprehensive physical examination given that the latest evaluation was submitted on 08/01/2014. Based on the clinical information received and the Official Disability Guidelines, the request is not medically appropriate.