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| Case Number: | CM15-0037727 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 08/05/2014 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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:

The injured worker is a 54-year-old male with a date of injury of 8/5/14. Injury occurred while he was moving hay and 2 stacks of hay bales fell on him. The 8/5/14 lumbar x-rays showed minor superior endplate fractures of L3 and L4 with 10% loss of height at L4. The 8/7/14 lumbosacral x-rays documented no interval change with mild superior endplate compression fractures of L3 and L4. The 10/29/14 lumbar spine MRI impression documented an acute to subacute Schmorl's node to the L3 superior endplate with minor loss of height along the superior endplate. There were multilevel multifactorial changes through the lumbar spine, most notable at L3/4 and L4/5 for neuroforaminal stenosis. The 12/24/14 treating physician report cited severe lower back pain that radiated to the entire leg with numbness and tingling. Pain worsened with certain movements. The injured worker used a walker and a back brace to assist with ambulation. Physical exam documented heel and toe walk painful, tenderness at L4/5, positive straight leg raise bilaterally, moderate loss of range of motion, and intact sensation and deep tendon reflexes. X-rays showed an L4 vertebral fracture with good healing and callous formation with 20% compression. The 12/29/14 pain management report cited low back pain radiating down the right leg, worse with movement. Pain medications provided 60% relief. He was using a back brace. He had not had any physical therapy or injections. Physical exam documented pinpoint tenderness to palpation over L4 midline with decreased flexion/extension due to pain. The diagnosis was lumbar radiculopathy, lumbar spinal stenosis, and vertebral compression fracture. The treatment plan requested authorization for L4 vertebral augmentation (kyphoplasty procedure) for treatment of the acute/subacute vertebral compression fracture. The 1/28/15

utilization review non-certified a request for an outpatient L4 vertebral augmentation as guidelines do not support use of this procedure for pathological compression fractures other than for vertebral body neoplasm. On 2/27/15, the injured worker submitted an application for IMR for review of an outpatient L4 vertebral augmentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

As an outpatient L4 vertebral augmentation (kyphoplasty procedure): 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) Low Back Chapter - 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 1/3 of its original height, and fracture age not exceeding 3 months. Guideline criteria have not been met. This patient presented with an L4 compression fracture that was 5 months old. X-rays documented good healing and callous formation with 20% reduction in height. The patient has been diagnosed with lumbar radiculopathy and spinal stenosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no compelling reason to support the medical necessity of this procedure in the absence of guideline support. Therefore, this request is not medically necessary.