

Case Number:	CM15-0080875		
Date Assigned:	05/01/2015	Date of Injury:	04/25/2014
Decision Date:	06/01/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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 64-year-old male who sustained an industrial injury on 4/25/14. Injury was reported relative to a 10 to 15-foot fall from a scaffolding. He sustained a calvarial fracture, left temporal bone fracture with frontal sinus fracture, subdural hematoma, and mildly displaced anterior L3 vertebral body fracture with no evidence of retropulsion. The 2/24/15 spine consult report indicated that the injured worker suffered an L3 fracture. Radiographs from April 2014 to July 2014 were reviewed and a progression of the fracture collapse at L3 with development of a vertical split component to the fracture line was noted. Updated studies were requested. The 3/25/15 x-rays documented an old healed superior endplate compression deformity of L3 with facet arthropathy at L4/5 and L5/S1. The 3/20/15 lumbar MRI impression documented an old superior endplate compression deformity of L3 with no involvement of the posterior cortex, spinal cord, or neural foramen. There was mild annular bulging at L2/3 and L3/4 without focal protrusion, herniation of spinal canal stenosis. The 3/23/15 spine consult report cited pain a bit more improved but still focal to the area of his fracture. The MRI showed that the L3 fracture was not completely healed with areas of hyper intensity of the superior endplate. Physical exam documented tenderness over L2/3 and L3/4 with normal range of motion. There was 4/5 right iliopsoas and quadriceps weakness. Deep tendon reflexes were +2 and symmetrical. Lower extremity sensation was intact. The diagnosis indicated that the fracture at L3 was not completely healed, with an acute on chronic fracture of L3. Kyphoplasty was recommended. The 4/1/15 utilization review non-certified the request for L3 kyphoplasty as the MRI showed that old superior endplate compression fracture that would not require kyphoplasty in a claimant with

pain over a significant portion of their body. The 4/27/15 spine consult report indicated that the injured worker had an L3/4 fracture that was an acute on a chronic injury with superior endplate edema on MRI. A simple kyphoplasty would have had him back to work in a week. He was slowly healing the injury on his own and was unable to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 kyphoplasty: 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.

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 ½ 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 injured worker was one-year status post industrial injury with an L3 compression fracture at the time of this request. There is current radiographic evidence that the fracture had healed. Records suggest that the injured worker has pain with activity, but it does not appear unremitting. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.