

Case Number:	CM14-0121521		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2003
Decision Date:	10/08/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female who reported an injury on 04/03/2003 due to an unknown mechanism of injury. The injured worker reportedly sustained a compression fracture of the L3 vertebrae. The injured worker's treatment history included medications, activity modifications, rest, and exercise. The injured worker underwent an MRI of the lumbar spine on 07/16/2014. It was documented that the injured worker had a mild to moderate acute or subacute superior L3 compression fracture, chronic compression injuries noted at the T11, T12, and L1, a grade 1 degenerative anterolisthesis at the L3 on the L4, and degenerative disc disease associated with spondylosis most pronounced at the L3-4. The injured worker was evaluated on 07/17/2014. It was noted that the due to an acute L3 compression fracture that had failed to respond to conservative treatment and caused intractable low back pain, an L3 vertebral augmentation or kyphoplasty with bone biopsy was requested. The injured worker was evaluated on 08/05/2014. It was documented that the injured worker had physical findings to include tenderness to the parathoracic facet joints bilaterally and severe tenderness over the lumbar facet joints and moderate tenderness over the sacroiliac joint. It was noted that the injured worker had significantly limited lumbar range of motion secondary to pain. There was no evidence of radicular findings. The injured worker's diagnoses included acute compression fracture of the lumbar vertebrae, back pain in the thoracic region, lumbar radiculopathy, chronic pain syndrome, facet arthropathy of the lumbar spine, face arthropathy of the cervical spine, occipital neuralgia, status post total knee replacement due to avascular necrosis, and status post pelvic hip fracture. The injured worker's treatment plan at that time included ongoing medications. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar X-Rays: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

L3 Kyphoplasty and Bone Biopsy under Anesthesia with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Kyphoplasty, Indications for Surgery - 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 request L3 kyphoplasty and bone biopsy under anesthesia with fluoroscopic guidance is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address kyphoplasty. The Official Disability Guidelines recommend kyphoplasty for injured workers with unremitting pain and significant functional deficits related to a compression fracture due to osteolytic metastasis or osteoporotic compression fractures. The clinical documentation submitted for review does not indicate the type of compression fracture the injured worker has. It is only noted that the injured worker has an acute compression fracture. Additionally, the imaging study does indicate that the injured worker has a disc bulge with hypertrophic facet joint changes and moderate central canal stenosis at the L4-5 level. This pathology is not ruled out as the injured worker's main pain generator. Therefore, kyphoplasty would not be supported in this clinical situation. As such, the requested L3 kyphoplasty bone biopsy under anesthesia with fluoroscopic guidance is not medically necessary or appropriate.