

Case Number:	CM14-0132414		
Date Assigned:	08/22/2014	Date of Injury:	11/04/2013
Decision Date:	09/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Surgery and is licensed to practice in Texas. 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 44-year-old male who reported injury on 11/04/2013. The mechanism of injury was noted to be the injured worker was framing a 2 story house, nailing a plywood frame and he took a step to the left and fell off. Prior therapies included physical therapy and medications. Prior surgical history included a lumbar fusion on 11/05/2013 from L3-5 for an L4 burst fracture and other noncontributory surgeries. The injured worker underwent an x-ray of the lumbar spine, 2 views or 3 views, on 01/10/2014, which revealed status post laminectomy with bilateral posterolateral fusion and pedicle screw placement for a previous moderately severe compression fracture of the L4 vertebra. The injured worker's medications were noted to include Cetirizine, Gabapentin, Hydrocodone and Orphenadrine. The injured worker denied smoking. Other therapies included a rigid back brace. The documentation of 07/18/2014 revealed the injured worker had complaints of low back pain and right lower leg pain, as well as left heel pain. The injured worker was noted to have participated in physical therapy with his last visit on 05/15/2014. The injured worker reported significant pain relief. The objective examination of the spine revealed the injured worker had spinous process tenderness that was moderate at L4. There was a moderate tight band, moderate spasm, moderate hypertonicity and severe tenderness along the bilateral lumbar spine. The straight leg raise was positive at right L5 and S1 and severely positive on the left at L5 and S1 for radiculopathy symptomatology including sharp, shooting, throbbing pain, burning sensation, numbness or tingling. The Valsalva's maneuver reproduced lumbar discogenic symptomatology mainly to the entire posterior left leg, including the lateral toes and plantar aspect. The circumference of the right thigh measured 43.5 cm. There was moderate quadriceps atrophy. The thigh circumference on the left thigh was 46 cm. The right lower leg circumference was 34.5 cm and the left lower leg was 32.75 cm with moderate gastroc soleus and mild anterior leg muscle atrophy. The injured worker had

diminished sensation with dysesthesia, hyperpathia and paresthesias along the left L5 and S1 root distribution on the left and increased sensation with allodynia and hyperesthesia along the right L5 and right S1 nerve root distribution. Sensation to pinprick was diminished with dysesthesia, hyperpathia along the bilateral L4, left L5 and bilateral S1 root distribution. The injured worker had mild weakness on ankle plantar flexion on the right side of the knee with extension of the left side. There was moderate weakness on knee flexion and knee extension of the right side and on knee flexion, ankle plantar flexion and extensor hallucis longus there was moderate weakness on the left side. There was severe weakness of the plantar flexion on the left side. There were moderately diminished reflexes 1+/4 at the bilateral patellae and the right Achilles. There was marked diminished reflex at 0/4 in the left Achilles. The diagnoses included post-laminectomy syndrome lumbar region, lumbar radiculopathy, stenosis with neurogenic claudication lumbar region, tibia with fibular closed fracture of unspecified part right, scar conditions and fibrosis of skin lumbar spine, lumbar discogenic pain, muscular atrophy and numbness and tingling of the bilateral lower extremities and a closed fracture of the calcaneus and L4. The discussion and treatment plan included with the injured worker's recent MRI findings it would be appropriate to proceed with both vertebral augmentation of the L4 due to compression fracture and the percutaneous discectomy with intradiscal electrothermic therapy at the L5-S1 level. The physician opined the vertebral augmentation would not only stabilize the L4 vertebra, but would alleviate localized pain. There was a request for authorization submitted for review for the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vertebral augmentation L4 vertebra: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (acute & chronic).

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 indicate a kyphoplasty is appropriate when there is the presence of unremitting pain and functional deficits due to a compression fracture from osteoporosis. There should be documentation of a lack of satisfactory improvement with medical treatment including medications, bracing and therapy. There should be absence of alternative cause for pain, such as a herniated intervertebral disc by CT or MRI. The affected vertebra should be at least one third of its original height and the fracture age should not exceed 3 months, since studies have not evaluated older fractures. The clinical documentation submitted for review failed to indicate the injured worker had a fracture from osteoporotic compression, metastasis, myeloma or hemangioma. There was a lack of documentation indicating the injured worker had failed therapy. There was no official MRI reported submitted for review to indicate there was an absence of alternative causes for pain,

such as a herniated intervertebral disc, and that the affected vertebra was at least one third of its original height. Additionally, the injured worker's fracture age was greater than 3 months. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for vertebral augmentation L4 vertebra is not medically necessary.