

Case Number:	CM14-0214385		
Date Assigned:	01/07/2015	Date of Injury:	10/03/2014
Decision Date:	03/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: 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 59-year-old male who reported an injury on 10/03/2014. The mechanism of injury occurred while he was sitting in his chair and a large object fell on him, making him fall back and twist in the chair. His relevant diagnoses included chest wall contusion, thoracic strain with compression fracture, lumbar strain, and back spasms. Past treatments have included physical therapy. His diagnostic studies have included x-ray of the lumbar spine with thoracic junction and an MRI of the thoracic spine on 10/31/2014. His surgical history was not included. The progress report dated 11/05/2014 indicates the injured worker presented with complaints of pain and difficulty sleeping. The physical examination findings included an antalgic gait and difficulty ambulating in the exam room secondary to severe mid back pain. The examination of the bilateral lower extremities demonstrated no abnormalities. There was no subluxation, laxity, or instability. Active range of motion of the lumbar spine was not testing secondary to significant pain at the mid thoracic junction. Tenderness in the paraspinal musculature at the thoracolumbar junction was noted. Spasms were noted upon palpation. His medications included Naprosyn 550 mg, BioFreeze gel, and Flexeril. The treatment plan, rationale for the request, and Request for Authorization Form were not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

T8-T9 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and Thoracic Spine, Kyphoplasty

Decision rationale: The request for T8-T9 kyphoplasty is not medically necessary. The Official Disability Guidelines state the indications for kyphoplasty surgery include the presence of unremitting pain and functional deficits due to compression fracture from an osteolytic metastasis, myeloma, or hemangioma, and be under study for osteoporotic compression fractures; lack of satisfactory improvement with medical treatment including medications, bracing, therapy; absence of alternative causes for pain, such as herniated intervertebral disc by CT or MRI; affected vertebrae is at least 1 third of its original height; fracture age not exceeding 3 months, since studies did not evaluate old fractures. The documentation submitted for review does not include physical therapy progress, objective functional gains made by physical therapy, or documentation of pain assessment. The guidelines state that osteoporotic compression fractures being treated by kyphoplasty are under study, and this is a fairly traumatic fracture involving 70% of the body of the vertebrae. Therefore, the request for T8-T9 kyphoplasty is not medically necessary.