

<b>Case Number:</b>	CM14-0214872		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Minnesota, Florida  
 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 50-year-old male with an original date of injury of 7/29/2009. He underwent a spinal fusion with instrumentation in January 2013 for Spodylolisthesis at L5-S1. He fell in June 2014 and had increased back pain. Xrays showed compression fractures of L2 and L3. The provider requested kyphoplasty at L2 and L3 levels. The subjective complaints include neck and back pain. Per examination notes of 9/18/2014 pain level was 6/10. Gait was normal. There was no neurologic deficit in the upper or lower extremities. AP and lateral x-rays of the lumbar spine obtained on 7/17/2014 revealed compression deformities of the superior endplates of L2 and L3 vertebrae with sclerosis, likely subacute or chronic. This finding was not present on the prior radiographs. An x-ray of the lumbar spine dated 9/18/2014 revealed unchanged compression deformity of the superior endplates of L2 and L3 vertebral bodies when compared to the prior study of 7/17/2014. The provider requested kyphoplasty of L2 and L3. This was noncertified by utilization review on December 5, 2014 citing ODG guidelines. The decision has now been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kyphoplasty, L2 and L3 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 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 Section: Low Back, Topic: Kyphoplasty

**Decision rationale:** California MTUS guidelines do not address kyphoplasty. ODG guidelines are therefore used. Kyphoplasty 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, consistent with recent higher-quality discouraging results of a similar procedure, vertebroplasty. If used for osteoporotic compression fractures it should be restricted to selected patients failing other interventions with significant unresolving pain. Criteria for kyphoplasty include at least one third of loss of vertebral height and fracture age not exceeding 3 months. Based on the unchanged x-rays from July through September, the stability of the fractures and lack of documentation about the degree of compression, as well as the age over 3 months since the fracture, the utilization review denial was appropriate and within guidelines. As such, the request for Kyphoplasty at L2 and L3 levels is not medically necessary.