

<b>Case Number:</b>	CM15-0110353		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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:

This injured worker is a 52-year-old male who sustained an industrial injury on 3/11/15. Injury occurred when he slipped on a rug and felt a twist and pop in his back. He sustained a T12 compression fracture, reportedly confirmed by the 3/13/15 MRI and CT scan. Past surgical history was positive for a posterolateral fusion and prior laminectomy at L5/S1. The 3/13/15 lumbar spine MRI documented an acute compression fracture deformity with associated marrow edema involving the T12 vertebral body with approximately 40% loss of height. The edema extended to involve the pedicles and spinous process at T12 with no significant retropulsion of fracture fragments. Conservative treatment included work restrictions, thoracolumbosacral orthosis (TLSO) brace, and medications. The 4/27/15 treating physician report documented that a lumbar CT scan showed fracture was secondary to diffuse T12 hemangioma, which involved the anterior and posterior elements. There was no imaging evidence to suggest an aggressive soft tissue mass or metastasis. He had continued back pain, severe at times and lower extremity weakness. Pain was worse with prolonged standing and walking, and relieved with lying down. He was wearing a TLSO brace. Physical exam documented antalgic gait, 5/5 lower extremity strength, normal lower extremity sensation, 2+ patellar reflexes, 1+ Achilles reflexes, and negative Hoffman's. The diagnosis was thoracic vertebral pathological fracture. The treatment plan recommended follow-up with neurosurgeon. The 4/14/15 neurosurgical report cited continued back pain with improving right lower extremity weakness. He was wearing the TLSO brace as instructed. There was tenderness to palpation at T12 with no paraspinal muscle spasms. There was intact lower extremity motor function and sensation. X-rays from 4/8/15 showed the

T12 compression fracture unchanged from the comparison film on 3/11/15. Anatomic alignment was adequately maintained and there was no change in vertebral body height. The treatment plan documented review of spinal precautions and acceptable level of activity, with continued TLSO use at all times when out of bed. Calcitonin nasal spray and vitamin D/calcium supplementation were prescribed. Referral for vertebroplasty was recommended. He remained off work. The 5/6/15 treating physician report cited continued back pain, severe at times, worse with weight bearing. Physical exam was unchanged. Imaging showed pathological fracture at T12 with jailhouse striation and Schmorl's nodes in the thoracolumbar disc spaces with wedged deformity at T11, T12, and L1. The diagnosis included pathological fracture, hemangioma spine, and juvenile osteochondrosis of the thoracolumbar spine. The treating physician documented agreement with surgical recommendations for vertebroplasty scheduled for 5/19/15. The 5/26/15 utilization review non-certified the request for T12 vertebroplasty based on lack of guideline support and the age of the injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vertebroplasty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 20th Edition, 2015 Updates: low back chapter Vertebroplasty.

**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 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 least 1/3 of its original height, and fracture age not exceeding 3 months. Guideline criteria have been met. This injured worker sustained a vertebral compression fracture with unresolving back pain. Follow-up radiographs documented no change in the compression fracture with 40% loss of disc height. Detailed evidence of over 2 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The treating physician request for this procedure was submitted when the injury was 8 weeks old, and was performed within the 3-month window consistent with guidelines. Therefore, this request is medically necessary.