

Case Number:	CM15-0115813		
Date Assigned:	06/24/2015	Date of Injury:	08/01/2014
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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:

The injured worker is a 37-year-old male who sustained an industrial injury on 8/01/14, relative to a fall from a ladder. Past medical history was positive for diabetes mellitus, hypertension, and asthma. The 8/1/14 lumbar CT scan impression documented acute mild compression fracture at L1 predominantly involving the left side, with extension into the left posterior aspect of the vertebral body and the left pedicle. There was approximately 30% vertebral body height loss with minimal bony retropulsion into the spinal canal. The 8/1/14 lumbar MRI impression documented L1 horizontal compression fracture of the superior third of L1 with no retropulsion or paraspinous mass, endplate mildly compressed with extensive marrow edema presents. There were changes to the T12/L1, and L1/2 disc with no protrusion or extrusion, could be mild compressive change from the fracture deformity. There was no spinal stenosis, protrusion or extrusion. Conservative treatment included medications, physical therapy, TENS unit, H-wave, and activity modification. The 4/13/15 treating physician report cited lower back pain radiating to both legs. Pain was reported 1/10 at best, and 10/10 at worst, with current pain rated 2/10. Pain was worse with bending over, sitting, twisting, and walking. Discomfort was reported with activities of daily living, sitting and standing tolerance was 60 minutes, and pain was improved with bending backwards, lying down and medications. Sleep was poor. Current medications included acetaminophen and ibuprofen. Lumbar spine exam documented normal gait, pain with flexion and extension, positive lumbar facet loading, and negative straight leg raise. The diagnosis was closed fracture of lumbar vertebra without spinal cord injury. The treatment plan recommended kyphoplasty L1, new medications including Tramadol ER and Topamax, and

lumbosacral orthosis. The 5/14/15 treating physician report appeal letter relative to denial of the request for kyphoplasty L1 cited the history of treatment and current complaints of low back pain radiating to both legs with pins and needles sensation. Standing tolerance was limited to 60 minutes and medications were not effective. A compressive lumbar spine orthosis was recommended to support and reduce pain, inflammation and swelling. The National Guidelines Clearinghouse was referenced in support of kyphoplasty as an option "for treating osteoporotic vertebral compression fractures only in people in whom the pain has been confirmed to be at the level of the fracture by physical examination and imaging." The treating physician reported that imaging confirmed a compression fracture at the L1 level with continued low back pain in spite of conservative treatments and therefore meets the stated guideline. The 5/27/15 utilization review non-certified the appeal request for kyphoplasty at L1 as the fracture occurred nearly 10 months ago and there was no evidence of progression of the compression deformity to clinically support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kyphoplasty L1: 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), 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 $\frac{1}{2}$ 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 1/3 of its original height, and fracture age not exceeding 3 months. Guideline criteria have not been met. This injured worker sustained a vertebral compression fracture over eight months prior to the initial request for kyphoplasty. He presented with pain radiating into both lower extremities with pins and needles. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial has been submitted, although bracing was not trialed. There was no sustained improvement documented with therapy and medication. There is no current imaging evaluation of the vertebral body fracture documented in the submitted records. Given the age of the fracture and lack of current imaging, this request does not meet guideline criteria. Therefore, this request is not medically necessary.

