

Case Number:	CM15-0083357		
Date Assigned:	05/29/2015	Date of Injury:	03/05/2014
Decision Date:	11/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 61-year-old male who sustained an industrial injury on 3/5/14. Injury occurred when he fell from a 12-foot scaffolding that broke, and landed directly on his buttocks. Past medical history was positive for diabetes and bipolar disorder. The injured worker was admitted for inpatient care from 3/5/14 to 3/9/14. Conservative treatment included bracing, physical therapy, activity modification, and medications. The 3/7/14 thoracic spine x-rays documented a fracture of the T12 vertebral body and possible left transverse process fracture of T1. The 3/5/14 spine CT scan impression documented a comminuted T12 vertebral body fracture with minimal associated compression deformity. The fractures were primarily confined to the anterior two-thirds of the vertebral body without extension into the posterior elements. There was no bony retropulsion into the spinal canal. There was no significant trauma malalignment. There was 10% loss of body height. There was also a possible non-displaced transverse process fracture on the left at T1. The 5/1/15 spine surgeon consult report recommended continued conservative treatment. The 6/4/14 thoracic spine MRI impression documented a high-grade compression fracture of the T12 vertebral body with near complete height loss centrally with mild edema. There was no displaced fracture fragment, effacement of the thecal sac, or cord compression. There was multilevel mild to moderate degenerative disc disease with small disc herniations and osseous hypertrophy with multilevel mild neuroforaminal narrowing and mild central canal narrowing. There was no severe critical stenosis or cord compression noted. The 2/19/15 orthopedic specialist consultant cited grade 7/10 low back pain, worse when trying to stand and straighten up. He denied any numbness and tingling going down his legs. The injured

worker had been through some physical therapy with some benefit. He was 6'1" tall and weighed 380 pounds. Physical exam documented some tenderness to palpation at the mid to upper aspect of his lumbar spine. He had normal bilateral lower extremity strength and sensation. Deep tendon reflexes were absent. Imaging was reviewed and showed a very severe compression fracture. There was no evidence of neural compromise or spinal cord injury. The treatment plan recommended a psychiatric consultation and treatment for his bipolar disorder and likely posttraumatic stress disorder, possible lumbar facet joint injections from L1 to L3, and a 6-month gym membership. The orthopedist opined that a balloon kyphoplasty at this point would be futile, as he had most likely healed the fracture by now. The 3/30/15 initial pain management report cited grade 7/10 bilateral lower thoracic back pain and upper lumbar back pain. Physical exam documented tenderness to palpation of the thoracic paraspinal muscles, restricted and painful lumbar range of motion, negative lumbar discogenic and sacroiliac provocative testing, negative nerve tension signs, and positive sustained hip flexion. Neurologic exam was within normal limits. The diagnosis was chronic thoracic and low back pain, severe T12 vertebral compression fracture, T1 transverse process fracture, and post-concussion syndrome. The treatment plan recommended a fluoroscopically guided T12 kyphoplasty under MAC anesthesia to treat the T12 vertebral compression fracture and severe thoracic back pain that had failed all treatments. He was prescribed Norco 10/325 mg #90. An in-office random 12-panel urine drug screen was requested to obtain a baseline prior to providing the new prescription. The injured worker was designating the pain management physician as the primary treating physician. Authorization was requested for a fluoroscopically guided T12 kyphoplasty under MAC anesthesia and one 12-panel urine drug screen. The 4/21/15 utilization review non-certified the request for fluoroscopically guided T12 kyphoplasty under MAC anesthesia as the patient had a compression fracture due to injury that was greater than 3 months old and as such not supported by guidelines. The request for a 12-panel urine drug screen was non-certified, as the patient had undergone a urine drug screen the month before and there was no indication for a repeat screen. The 5/21/15 pain management report appealed the denial of a fluoroscopically guided T12 kyphoplasty under MAC anesthesia and one 12-panel urine drug screen, but no additional rationale or clinical details were provided to support the medical necessity of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided T12 kyphoplasty under MAC anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 not been met. This injured worker sustained a T12 compression fracture as the result of trauma on 3/5/14, over a year prior to this request. Guidelines state that kyphoplasty for vertebral compression fractures is under study and do not support the use of kyphoplasty in fractures over 3 months of age. Additionally, there is no current imaging evidence of the T12 compression fracture documented in the available medical records with the last imaging documented in June 2014. Therefore, this request is not medically necessary.

12-Panel Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The MTUS guidelines also recommend consideration of a urine drug screen to assess for the use or presence of illegal drugs prior to initiating opioid treatment. Guideline criteria have been met. This injured worker presented for an initial pain management evaluation. A urine drug screen was performed prior to prescribing an opioid medication. Although a urine drug screen was noted to be consistent the month prior, a change of primary treating physician had occurred. Therefore, this request is medically necessary.