

<b>Case Number:</b>	CM15-0100000		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 55-year-old male who sustained an industrial injury on 10/14/14. Injury was reported due to driving a tractor on uneven ground for a prolonged period of time. Past medical history was positive for arthritis and hypertension. Current medications included cyclobenzaprine, Baclofen, and Tramadol. He was a current tobacco user. Conservative treatment had included medications, physical therapy, hot packs and rest. He attended 9 visits of physical therapy from 12/9/14 to 12/30/14. The physical therapist documented pain was reduced from 8/10 to 0-3/10 with all goals met. The 3/12/15 thoracic spine MRI impression documented acute/subacute fracture deformities of T6, 7, 8, 9, and 10 vertebral bodies. Posterior disc osteophyte complex without focal disc protrusion noted at T3-T4. There was a decrease in the height of the L2, L3, and L4 visualized vertebral bodies, relatively new process since the prior study on 11/29/14 suggesting additional acute versus subacute fractures. The 4/11/15 lumbar spine MRI impression documented acute to subacute new superior and inferior endplate compression fractures at L2 with marrow edema. There was new mild superior endplate compression fracture at L4 with marrow edema present. Endplate compression fractures at T10, 12, and L3/4 were unchanged. There as stable degenerative discopathy and facet arthrosis with no neural impingement. The 5/7/15 orthopedic consult report cited a one year history of low back pain, aggravated by standing, walking and activity. Pain was reported moderate with not much radiating pain down his legs at this time. Pain was alleviated by rest and pain medications. He was noted to have compression fractures at L2 and L4 in February. Physical exam documented negative straight leg raise. There was positive percussive tenderness at the L2 and

L4 levels. There were no changes from a strength, sensation, gait, or deep tendon reflexes standpoint. The diagnosis included lumbar spine compression fracture, thoracic spine compression fracture, and lumbar spine degenerative disc disease. The injured worker's complaints were localized to the lumbar spine and on physical exam, concordant with MRI findings of acute vertebral compression fractures at L2 and L4. He had been having these problems since October which were not resolved with medications, physical therapy, back exercise, hot packs and bed rest. Authorization was requested for an L2 and L4 kyphoplasty. The 5/18/15 utilization review non-certified the request for L2 and L4 kyphoplasty as the etiology of these fractures were unclear considering the other fractures present, no indication that the affected vertebra are at least 1/3 of the original height, and no indication that bracing had been done.

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

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

#### **L2, 4 Kyphoplasty with MAC sedation: 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, Kyphoplasty; The Centers of Medicare and Medicaid Services. Local Coverage Determination (LCD): Monitored Anesthesia Care.

**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 1/3 of its original height, and fracture age not exceeding 3 months. Guideline criteria have not been met. This patient presents with moderate back pain and percussive tenderness over L2 and L4. Imaging documented multilevel thoracolumbar compression fractures. The etiology of the L2 and L4 vertebral body fractures is unclear. They were not present on the November 2014 imaging but records indicated these fractures were noted in February 2015. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial relative to the L2 and L4 fractures and failure has not been submitted. Prior significant benefit was noted in physical therapy. Additionally, it appears that the age of these fractures exceeds 3 months. Therefore, this request is not medically necessary.