

<b>Case Number:</b>	CM13-0005748		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	06/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year-old woman with date of injury on 12/11/07. The mechanism of injury is not available for review; however, she injured her lower back area. The current working diagnoses are lumbar/lumbosacral disc degenerative disease; Lumbar disc displacement; psychogenic pain. In the most recent medical report dated 8/14/2013, the treat physician wrote: This 56 year old female presents today for follow-up evaluation of back pain and low back pain. Severity of condition is a 3 and 4 on a scale of 1-10 with 10 being the worst. Back pain is described as aching, burning, stabbing, throbbing, spasming, shooting and stiff. Back pain is located in the lumbar area, sacroiliac area, Right leg, Left leg and mid back. The patient indicates back extension worsens condition, back flexion worsens condition, hip extension worsens condition, hip flexion worsens condition, hip rotation worsens condition, lifting worsens, standing worsens and sitting makes it worse. The patient is experiencing back stiffness, sharp pain and upper back. The pain occurred as a result of sitting down to hard, bending over, work injury and lifting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEXA bone density scan:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Local Coverage Determination I28241, dexa (Dual Energy X-Ray Absorptiometry - Medicare (Initial And Surveillance) And Information From Webmd.

**Decision rationale:** Regarding the DEXA (DXA-Bone), it is typically used to diagnose and follow osteoporosis, as contrasted to the nuclear Bone Scan, which is sensitive to certain metabolic diseases of bones in which bones are attempting to heal from infections, fractures, or tumors, it appears the previous UR reviewer referenced Nuclear Bone Scan in making his determination, but the provider has clarified during a conference call of 6/24/2013 indicated that the claimant presents with pain with range of motion, positive orthopedic tests. The request was for DEXA scan for osteoporosis since the x-ray of the lumbar spine reveals osteopenia. According to WEBMD, Dual X-ray absorptiometry (DXA) is the preferred technique for measuring bone mineral density (BMD). DXA has also been called dual energy X-ray absorptiometry, or DEXA. DXA is relatively easy to perform and the amount of radiation exposure is low. Medicare states that this test must be ordered by a physician who is treating the beneficiary with vertebral abnormalities, as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia or vertebral fracture. These criteria have been met in this case; therefore, the request for DEXA bone scan is medically necessary and appropriate.