

<b>Case Number:</b>	CM13-0006921		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/17/1995
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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/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 injured worker is a 56-year-old male who reported injury on 07/17/1995. The mechanism of injury was not provided. The documentation that was provided was a diagnostic x-ray requisition form, which indicated the injured worker had disseminated cocci and complained of cervical bone pain. The request was for a DEXA scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEXA SCAN (BONE MINERAL DENSITY) STUDY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive surgery. Additionally, they indicate, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 week or 4 week period of conservative care and observation fails to improve symptoms. The

clinical documentation submitted for review failed to provide a DWC Form RFA or a PR-2 to support the necessity. There is a lack of documented rationale for the requested study. Additionally, the part of the body to be scanned was not provided. Given the above, the request for DEXA scan bone mineral density study is not medically necessary and appropriate.