MAXIMUS Federal Services

Case Number:	CM13-0016726		
Date Assigned:	11/06/2013	Date of Injury:	12/14/2012
Decision Date:	02/06/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee, who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of December 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing of March 13, 2013, apparently notable for an L5-S1 radiculopathy; attorney representation; and extensive periods of time off of work, on total temporary disability. The applicant has apparently consulted a neurosurgeon, who would like to pursue a surgical remedy. On August 20, 2013, the claims administrator certified a CT scan of the lumbar spine to evaluate for instability while denying a request for a DEXA bone scan. The applicant's attorney later appealed. In a clinical progress note of September 27, 2013, it is stated that the applicant is status post recent thyroidectomy. CT scan imaging of the lumbar spine apparently shows grade I spondylolisthesis. It is stated that a paramedian diskectomy is being considered. It is stated that a DEXA bone scan is being sought to evaluate the applicant's bone density. The applicant is status post epidural steroid injections. She reports persistent low back pain with weakness about the left lower extremity. She does have a limp. Norco, Soma, and Voltaren are again endorsed while the applicant remains off of work, on total temporary disability. In a neurosurgery note of July 23, 2013, the applicant's neurosurgeon states that one can consider either a diskectomy or possibly a stabilization procedure (presumably a fusion) depending on the result of a proposed CT scan and a DEXA bone scan. In a neurosurgery note of August 14, 2013, it is stated that the applicant has a history of hypothyroidism, progressive weight loss, and gastric bypass surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXA scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Aerospace Medicine and the American Family Physician

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology

Decision rationale: The MTUS did not address the topic. As noted by the American College of Radiology, DEXA bone scanning is indicated whenever a clinical decision is likely to be influenced directly by the outcome of the. In this case, the attending provider has stated that he may or may not pursue a spinal fusion surgery for instability based on the outcome of the DEXA bone scan. As noted above, the applicant does have history of an endocrine disorder, specifically hypothyroidism. She is status post gastric bypass surgery, it is noted. Thus, some of the applicant's medical conditions and comorbidities could predispose her toward having a low DEXA bone density, per ACR. This could influence the outcome of what treatments are proffered here. For example, the attending provider might wish to consider providing a bone stimulator if a spinal fusion surgery is considered if the applicant in fact has a low bone mass. For all of these reasons, then, the proposed DEXA bone scan could influence the treatment plan here. Therefore, the original Utilization Review decision is overturned. The request is certified.