

Case Number:	CM13-0030706		
Date Assigned:	11/27/2013	Date of Injury:	01/17/2013
Decision Date:	01/13/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 patient is a 76-year-old female with an injury date of January 17, 2013. The patient has had seven months of symptoms and has treatment including medications, physical therapy, orthopedic consults, and neurology consults. A report dated August 12, 2013, states that she had pain in her ribs and right shoulder after physical therapy. Present complaints include constant low back pain with numbness, left foot and right shoulder pain after physical therapy, and weakness in the bilateral arms. Diagnoses include soft disinfection hyponatremia seizure T6 compression fracture and lumbar spondylosis. There is a report of a history of osteopenia in the bone scan requesting report; however there is no other mention of osteopenia in previous records given. X-ray on 4/15/2013 shows wedge compression deformity of T6.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bone Density Scan: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOG Guidelines.

Decision rationale: MTUS and ACOEM Guidelines do not address bone density scans. Therefore other guidelines were used. ACOG guidelines address bone density scans in women.

ACOG guidelines recommend bone density scans for women over the age of 65. They also recommend bone density scans for women under the age of 65 who have low-impact fractures. This patient is over the age of 65 with a compression fracture of the vertebra. The request for 1 bone density scan is medically necessary and appropriate.