

Case Number:	CM13-0038643		
Date Assigned:	12/18/2013	Date of Injury:	10/23/2007
Decision Date:	04/03/2014	UR Denial Date:	09/24/2013
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 Orthopedic Surgery 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:

This patient was injured in a work-related accident on October 23, 2007. The current request is for a bone density scan. A clinical assessment on September 9, 2013 documented continued complaints of pain in the feet, left greater than right, and continued complaints of cervical pain with associated numbness and low back pain. The assessment noted recent treatment has included a continuous course of medication management. The records indicated a current working diagnosis of L5-S1 disc degeneration status post a prior right foot surgery, bilateral carpal tunnel release procedures, and L5-S1 spondylolisthesis with a pars fracture. The claimant also has a diagnosis of a coccydynia. The physical examination documented on the November 6, 2013 assessment no focal atrophy, tremors, muscular weakness, sensory change, or reflexive change. There were no positive neurologic findings. Based on the claimant's continued complaints of discomfort, medication management was recommended as well as the need for a bone density test. An appeal letter dated September 30, 2013 documented that the specific indication for the bone density test was to determine bone quality based on the claimant's history of pars fracture as well as the potential need for surgery including fusion with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bone density scan: Upheld

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 Milliman Care Guidelines® Inpatient and Surgical Care 18th Edition

Decision rationale: The CA MTUS and Official Disability Guideline criteria are silent. When looking at the Milliman Care Guidelines, it reveals a bone density test would not be indicated in this case. The claimant's clinical imaging does not currently represent current indication for the role of a bone density procedure given her work-related injury. There is currently no indication for role of bone density testing in regard to preoperative assessment for potential lumbar procedures. The specific clinical request based on clinical information for review is not supported.