

Case Number:	CM13-0052125		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2007
Decision Date:	04/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/15/2013

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, 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 is a 53-year-old female injured in a work-related accident on 1/25/07. In a clinical consultation by the provider dated 10/3/13 documented that the claimant had ongoing complaints of low back pain and that treatment since the time of injury has included physical therapy, medication management, electrical stimulation, massage, range of motion exercises, and activity modification. The provider also documented history of a prior right knee surgery in the form of meniscectomy. Specific to the low back on that date there was noted to be intermittent moderate pain with radiating pain to the hips and lower extremities. Physical examination findings revealed weakness with extensor hallucis longus, anterior tibialis, and gastrocnemius testing on the left at 4+/5 with absent reflexes bilaterally with the exception of the right patella and Achilles at +1. The claimant's working diagnosis was chronic low back pain with radiculopathy. Electrodiagnostic studies and an MRI (magnetic resonance imaging) scan of the lumbar spine were recommended for further treatment. Additional recommendations at that time were made for bone density testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG), and Welless Textbook of Orthopedics: Dual X-ray Absorptiometry.

Decision rationale: The California MTUS are silent. The Official Disability Guidelines (ODG) criteria and other Orthopedic literature Review support bone density testing for osteoporosis in individuals of appropriate age or risk factors. The clinical records in this case do not give a formal diagnosis of osteoporosis or clinical indication of need for assessment for the underlying disorder. Based on the claimant's current clinical records that would fail to give a clinical indication for the role of a bone scan, the above-mentioned test would not be supported as medically necessary.