

Case Number:	CM13-0058107		
Date Assigned:	01/03/2014	Date of Injury:	06/19/1995
Decision Date:	04/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant is a represented optometry practice employee who has filed a claim for chronic low back pain, hypogonadism, chronic mid back pain, and myofascial pain syndrome reportedly associated with an industrial injury of June 19, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long and short-acting opioids; psychotropic medications; and supplemental testosterone; an intrathecal pain pump; and multiple epidural steroid injections. In a Utilization Review Report of November 14, 2013, the claims administrator denied a request for a bone scan, citing non-MTUS ODG Guidelines. The claims administrator cited the ODG Whole Body Bone Scanning topic but noted in telephone conference with the applicant's treating provider that a DEXA bone scan was being sought here. In a handwritten letter dated November 25, 2013, the applicant states that the reason he is on testosterone replacement is due to bone density loss discovered in 2002. The applicant goes on to complain that he, at one point, went without treatment for three to four years owing to the fact that his claims administrator could not find a treating provider for him. A November 6, 2013 progress note is notable for comments that the applicant reports persistent multifocal shoulder, hip, and mid back pain. The applicant reports pain ranging from 3-8/10. He has had highly variable mood issues. He is status post placement of an intrathecal pump with subsequent revision of the same. His medication list includes Nucynta, Ambien, Cymbalta, AcipHex, Voltaren, Naprosyn, and tramadol orally plus morphine and baclofen through the intrathecal pump. Decreased range of motion is noted, although the applicant is described as having a normal gait. A repeat epidural steroid injection is sought. It is stated that a bone scan is requested as the applicant has had an abnormal bone scan in the past. An MRI of the thoracic and lumbar spine of October 15, 2012 is notable for

evidence of an old compression fracture at T7 with an indwelling intrathecal pain pump and diffuse degenerative disk disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN X 1 (CERVICAL/THORACIC, LUMBAR): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, LOW BACK AND ODG NECK AND UPPER BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: While the MTUS only briefly touches on bone scanning, ACOEM Chapter 12, Table 12-8 does state that bone scans are "recommended" for the "detection of physiologic abnormalities," in those applicants in whom there has been no improvement after one month. The American College of Radiology (ACR) does discuss the issue more fully. ACR notes that DEXA bone density scanning is indicated in those applicants in whom low bone density is suspected, including those applicants aged 50 or older who developed wrist, spine, or hip fracture without associated trauma. In this case, the applicant has had MRI imaging in 2012 which apparently was notable for an atraumatic compression fracture. The applicant is apparently on supplemental testosterone secondary to hypogonadism. ACR considers individuals with endocrinology issues at a heightened risk for development of osteoporosis. Bone DEXA scanning is indicated, given the applicant's persistent complaints, history of prior atraumatic compression fracture, ongoing usage of testosterone supplementation for hypogonadism, etc., and is seemingly supported both by ACOEM and ACR. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.