

<b>Case Number:</b>	CM13-0059231		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2006
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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:

This is a 33 year old male patient s/p injury 3/19/06. The patient had bariatric banding surgery 9/25/12. He lost approximately 90lbs. There is a general surgery follow up note 11/14/13 stating that the patient's BMI is 26.5. Almost a year post op, the patient's labs are normal. There is constant back pain and the bone density testing is requested to assess osteoporosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE DENSITY TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scibora, LM ET. AL. Examining The Link Between Bariatric Surgery, Bone Loss, And Osteoporosis; A Review Of Bone Density Studies. Obes Surg. 2012 APR, 22 (4): 654-67.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Scan Section.

**Decision rationale:** The California MTUS does not apply in this case. The Official Disability Guidelines (ODG) states that bone scan is not recommended except for bone infection, cancer, or arthritis. There is no clear rationale that establishes the medical necessity of the requested testing

for this patient. The patient does not have clinical findings consistent with bone infection, cancer, and arthritis. The request is not medically necessary.