

Case Number:	CM13-0063068		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2008
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 [REDACTED], employee who has filed a claim for chronic neck and low back pain with derivative anxiety and psychological stress reportedly associated with an industrial injury of August 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; prior one-level cervical fusion surgery at C4-C5, prior multilevel lumbar fusion surgery at L4-S1; attorney representation; anxiolytic medications; unspecified amounts of psychotherapy; epidural steroid injection therapy; and extensive periods of time off work. In a utilization review report of November 19, 2013, the claims administrator denied a request for a bone density scan. The applicant's attorney subsequently appealed, as did the applicant's attending provider. In a December 3, 2013, letter addressed to the applicant's attorney, the applicant's spine surgeon writes that a DEXA bone scan is a diagnostic modality intended to identify potential etiologies for the applicant's nonunion of fusion/pseudoarthrosis. It is thought that identification of reasons for the pseudoarthrosis could lead to a more appropriate treatment to address the applicant's chronic pain syndrome. In a January 21, 2014, appeal letter, the attending provider goes on to write that the claims administrator did not make a good faith effort to contact him and that the previous utilization Final Determination Letter for IMR Case Number CM13-0063068 3 reviewer does not have the requisite knowledge or background needed to conduct a review of the study in question. A December 20, 2013, progress note is notable for comments that the applicant carries a diagnosis of psychological stress, chronic neck pain, anxiety disorder, depression, and lumbar laminectomy syndrome. The applicant is off work, on total temporary disability, and is having difficulty even doing basic activities of daily living such as cooking, housekeeping, shopping, and yard work. The applicant is 63 years old, it is further noted. An earlier note of October 29, 2013 is notable for comments that the applicant has had MRI imaging of the cervical and lumbar spine of October 2013 which demonstrates

evidence of nonunion and pseudoarthrosis about the lumbar spine and junctional breakdown about the cervical spine fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) DEXA Bone Density Scan: Overturned

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 DXA- American College of Radiology, www.acr.org/.../eb34da2f786d4f8e96a7.

Decision rationale: The MTUS does not address the topic. As noted by the American College of Radiology (ACR), indications for bone DEXA scanning include evaluation of individuals with established or clinically suspected low bone mass density, including all women aged 65 years or older or men aged 70 years or older. Women younger than 65 have additional risk factors for osteoporosis based on history and other findings, could also be candidates for bone DEXA scan, including those individuals of any age with bone mass osteopenia or fragility fractures identified on imaging studies. In this case, the applicant is 63 years of age. She is apparently suspected of having low bone density. The attending provider has posited that the applicant may have low bone density which accounts for her nonunion of fusion noted on lumbar and cervical MRI imaging studies, referenced above. As noted by ACR, bone density scanning is endorsed in individuals of any age in whom fragility fractures are identified or suspected on plain film studies. In this case, the applicant has an analogous condition, namely, nonunion or fusion appreciated on MRI imaging studies. The attending provider has posited that occult osteoporosis or osteopenia may in fact be accounting for the applicant's pseudoarthrosis/delayed fusion. Bone density scanning to definitively establish the presence or absence of the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.