

Case Number:	CM14-0001807		
Date Assigned:	01/22/2014	Date of Injury:	09/19/2013
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45 year old male who reported an injury on 09/19/2013 secondary to lifting. The injured worker was evaluated on 12/04/2013 for reports of pain to the ribs, thoracic and lumbar regions. The exam noted an erect stance, normal gait, limited forward flexion with diffuse tenderness of the mid-thoracic area. The diagnoses included lumbar and thoracic sprain/strain. The treatment plan included a referral to a pain specialist, labs, medication therapy and a bone scan. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN OF THE RIBS, THORACIC SPINE, AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM Guidelines state a bone density scan can identify physiological insult and identify anatomic defects. The Official Disability Guidelines recommend bone density scans for selected patients to determine whether osteoporosis is present

in individuals of appropriate age and risk factors having an injury including a fracture. There is a significant lack of evidence of further need for imaging based on the documentation provided. There is a significant lack of evidence of osteoporosis in the documentation provided. Therefore, the request is not medically necessary and appropriate.