

Case Number:	CM14-0002708		
Date Assigned:	05/02/2014	Date of Injury:	05/16/2002
Decision Date:	07/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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 60-year-old male who reported an injury on 05/16/2001 secondary to unknown mechanism of injury. The injured worker was evaluated on 11/25/2013 for reports of headaches, trembling in hands, ringing in ears, right arm pain, trigger fingers and swallowing difficulties. The exam noted tenderness to palpation over bilateral trapezius and bilateral hand stiffness with triggering of right long finger. The computed tomography (CT) scan dated 12/05/2011 noted overall appropriate appearance to the anterior fusions from C2-C6, no evidence of loosening, infection or fracture of the hardware, uncinat spurting at C6-7 leading to mild foraminal narrowing and moderate caudal foraminal narrowing on the left at C3-4 due to uncinat spurting. The diagnoses included status post cervical foraminotomy, status post revision anterior posterior cervical discectomy and fusion, status post cervical tumor resection and right long and left small and long trigger fingers. The treatment plan included a bone density scan, acupuncture, otolaryngologist referral, CT scan of the cervical spine, hand surgeon referral and swallow study. The request for authorization dated 12/04/2013 is 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 DENSITY SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Medicine: Dual X-ray Absorptiometry.

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 (ODG) Knee, Bone Densitometry.

Decision rationale: The request for bone density scan is not medically necessary. The California ACOEM Guidelines state a Bone density scan can identify physiological insult and identify anatomic defects. The Official Disability Guidelines recommended 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 a significant lack of evidence of osteoporosis in the documentation provided. Therefore, the request is not medically necessary.