

Case Number:	CM14-0101179		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2003
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation and Pain Medicine, and is licensed to practice in Texas. 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 55 year old female who sustained injuries to her right hip, abdomen, and low back on 08/20/03 while assisting a resident from the bed to a wheelchair, the body of the resident went limp and she had to strain to keep the resident from falling. Magnetic resonance image of the lumbar spine dated 10/24/13 revealed mild increase in size of the moderate-sized left paracentral disc extrusion at L5-S1 with mass effect on the left S1 nerve root; vertebral bodies of normal height, signal intensity in alignment. Clinical note dated 07/11/14 reported that the patient continued to complain of neck pain and back pain. Physical examination noted inspection of bilateral upper extremities/lower extremities noted no tenderness, contractures or malalignment; motor strength and tone normal; numbness at the right anterior thigh; range of motion normal; back unstable to adequately test heel/toe walking, but gait with slight foot drag on the right. The injured worker was diagnosed with right-sided lumbar radiculopathy and meralgia paresthetica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Density Scan 2 of 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline Screening for Osteoporosis: U.S. Preventive Services Task Force Annals of Internal Medicine Volume 154, Number 5 March 2011; Harrison's Principles of Internal Medicine, 18th Edition, 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, CRPS, diagnostic tests.

Decision rationale: The request for bone density scan two of two is not medically necessary. The Official Disability Guidelines state that bone scans are only recommended for select injured workers in early stages to help in confirmation of the diagnosis. Routine use is not recommended. There was no indication of the results from the previous bone scan. Given this, the request for bone density scan two of two is not indicated as medically necessary.