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| Case Number: | CM14-0113766 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/18/2005 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Family Practice and is licensed to practice in Georgia and 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 64 year-old female who reported an injury on 01/18/2005. The mechanism of injury involved repetitive lifting. Current diagnoses include status post lumbar spine fusion in 2010 and 2011, lumbar disc syndrome, lumbar radiculitis, left carpal tunnel syndrome, status post right carpal tunnel release in 2008, gastrointestinal reflux disease, hypertension, anxiety, depression, insomnia, urinary incontinence, and intractable pain. The latest physician progress report submitted for this review is documented on 04/07/2014. The injured worker reported persistent lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes physical therapy. Physical examination of the lumbar spine revealed tenderness to palpation, slightly limited range of motion, negative straight leg raising, positive Kemp's testing, 2+ deep tendon reflexes, normal motor strength in the bilateral lower extremities, and intact sensation. Treatment recommendations at that time included authorization for topical analgesics, an internal medicine follow-up visit, a neurosurgical consultation, a psychiatric evaluation, a urology consultation, a pain management consultation, a urine toxicology screen, and a CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Density Study for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Pain Chapter: CRPS, Diagnostic tests.

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.

Decision rationale: The Official Disability Guidelines state a bone scan is not recommended, except for bone infection, cancer, or arthritis. The injured worker does not maintain any of the above mentioned diagnoses. It is noted that the injured worker is pending authorization for a CT scan of the lumbar spine to assess postsurgical hardware. The medical necessity for an additional diagnostic study has not been established. As such, the request for a Bone Density Study for the Lumbar Spine is not medically necessary.