MAXIMUS Federal Services

| Case Number: | CM14-0121608 | | |
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| Date Assigned: | 10/24/2014 | Date of Injury: | 04/30/2013 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

## 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 Internal Medicine and is licensed to practice in New York. 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 claimant is 65 year old male who sustained an industrial injury on 04/30/2013. His diagnoses include spondylotic myelopathy, cervical discopathy, cervical radiculopathy, and lumbar strain with radicular complaints. He complains of neck pain and right hand pain with weakness and numbness. On physical exam there is paracervical and trapezial muscle tenderness with decreased range of motion and palpable muscle spasms. There is decreased range of motion of the lumbar spine with tenderness along the paralumbar muscles with tenderness at the midline thoraco-lumbar junction over the level of the L5-S1 facets and the right greater sciatic notch. Muscle spasms are noted. Treatment has included medical therapy and consultation with a pain management specialist for a possible cervical epidural steroid injection. The treating provider has requested a Bone Density Scan x 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Density Scan x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers Compensation Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013, Bone Density Scan

**Decision rationale:** There is no indication for a bone density study. In males the study is indicated : -Older than age 70-Who have sustained a fracture after the age of 50-Older than age 50 with low body weight or who smoke cigarettes-Who have a medical condition such as rheumatoid arthritis or who have taken steroid medications for greater than 3 months-Who are being considered for medical treatment for osteoporosis-Who are being treated for osteoporosis, to monitor treatment effectMedical necessity for the requested study is not established. The requested study is not medically necessary.