

Case Number:	CM14-0137930		
Date Assigned:	10/03/2014	Date of Injury:	12/07/2011
Decision Date:	12/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Nephrology and is licensed to practice in California. 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:

Patient is 81-year-old female has submitted a claim for lumbar spine strain with radicular component and rule out osteoporosis associated with an industrial injury date of 12/7/2011. Medical records from 2014 were reviewed. Patient complained of intermittent low back pain radiating to the left lower extremity. Physical examination of the lumbar spine showed tenderness and restricted motion. Straight leg raise test was positive on the left. Sensation was diminished at left L5 and S1 dermatomes. Motor strength of the right L4 and L5 myotomes was rated 4/5. MRI of the lumbar spine dated 2/24/2014, revealed grade 1 anterolisthesis at L4 to L5 and L5 to S1 with severe disc degeneration and grade 1 retrolisthesis at T12 to L1 level. CT scan of the lumbar spine, dated 2/24/2014 showed moderate acquired central canal stenosis at L3 to L4 and L4 to L5 with mild canal stenosis at the adjacent levels. The present request for bone density scan is to rule out osteoporosis because of patient's age and sex. Treatment to date has included lumbar epidural steroid injection and medications. Utilization review from 8/6/2014 denied the request for bone density scan to rule out osteoporosis because of absence of plain film x-rays to document compression fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone density scan to rule out osteoporosis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Bone scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Section, Bone Densitometry and on Other Medical Treatment Guideline or Medical Evidence: American College of Radiology's Practice Guideline for the Performance of Dual-Energy X-ray Absorptiometry (DXA), (http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/dx/musc/dxa.aspx)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation the Official Disability Guidelines (ODG) was used instead. ODG states that bone densitometry is recommended for selected patients to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. The American College of Radiology's Practice Guideline for the Performance of Dual-Energy X-ray Absorptiometry (DXA) states that the indications for DXA include: all women age 65 years and older; individuals of any age with radiologic evidence of low bone mass (osteopenia) including the presence of vertebral compression fractures; individuals age 50 years and older who develop a wrist, hip, spine, or proximal humerus fracture with minimal or no trauma; individuals receiving (or expected to receive) glucocorticoid therapy for more than 3 months; and individuals beginning or receiving long-term therapy with medications known to adversely affect BMD (Bone Mineral Density), among others. In this case, patient is 81-year-old female with a chief complaint of low back pain radiating to the left lower extremity. Radiographic findings did not provide evidence of compression fractures. However, a bone density scan is a reasonable diagnostic option to rule out osteoporosis given that patient meets guideline criterion for its surveillance. The medical necessity has been established. Therefore, the request for bone density scan to rule out osteoporosis is medically necessary.