

Case Number:	CM14-0167956		
Date Assigned:	10/23/2014	Date of Injury:	03/09/1999
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old female with an injury date of 03/09/99. Per the 09/23/14 report by [REDACTED], the patient presents with intermittent, infrequent bowel incontinence and urinary dribbling. The patient denies an increase in in back pain or any significant radiating leg pain. Examination reveals diffuse tenderness over the thoracolumbar spine. The treater cites X-rays AP, lateral, flexion-extension views of the lumbar spine dated 09/23/14 that show: Severe bone demineralization noted suggesting sever osteoporosisSevere disc disease and collapse seen at L5-S1Retrolisthesis seen at L1-L2The patient's diagnoses include; OsteoporosisSevere lumbar degenerative disc disease with intermittent left lower extremity radiculopathyHistory of urinary dribbling and intermittent bowel incontinence. Medication is listed as Hydrocodone on 09/18/14 and on 08/21/14 as Lyrica, Soma, Benazepril, Bupropion, Ranitidine plus Hydrocodone. The utilization review being challenged is dated 09/18/14. The rationale regarding Dexa Scan is that no imaging was provided to indicate lumbar spinal fracture. Reports were provided from 01/21/14 to 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, MRI

Decision rationale: The patient presents with lower back pain, insignificant radiating leg pain, infrequent bowel incontinence and infrequent urinary dribbling. The treater requests for MRI of the lumbar spine. ODG guidelines state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). On 09/23/14 the treater states the request is, "To rule out any lumbar cause of this complaint." The treater refers to urinary and bowel complaints of frequent incontinence and dribbling. Review of the reports shows two prior MRI's from 1999 and 2002. Given the patient's change in symptoms, and the fact that it has been over 10 years since last MRI, a repeat MRI of the L-spine appear reasonable. The request is medically necessary.

Dexa Scan: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Bone densitometry

Decision rationale: The patient presents with lower back pain, radiating leg pain, infrequent bowel incontinence and infrequent urinary dribbling. The treater requests for Dexa Scan. On 09/23/14 [REDACTED] states this request is to, "...evaluate her bone mineral density. She most likely will need some type of supplementation to avoid any insufficiency fracture as she has sustained in the past." This statement was made in the context of the lumbar spine; however, it is unclear which body part is referred to. The request for authorization is not provided. MTUS does not address bone densitometry. ODG guidelines, Knee and Leg chapter, Bone densitometry Topic, states it may be appropriate to monitor for osteoporosis in individuals who are being treated for other conditions if that treatment is associated with the development of osteoporosis. ODG further states these decisions should be made on a case by case basis. In this case, the patient has a diagnosis of osteoporosis. Dexa Scan to check for severity would appear reasonable. The request is medically necessary.

[REDACTED] Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Lumbar and Thoracic Chapter, Gym memberships

Decision rationale: The patient presents with lower back pain, radiating leg pain, infrequent bowel incontinence and infrequent urinary dribbling. The treater requests for [REDACTED] MembershipODG guidelines Low Back Lumbar and Thoracic Chapter, Gym membership's topic, state they are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." On 04/17/14 the treater states the patient has been through physical therapy numerous times. The reports provided do not state how many times, when, or if the therapy was of benefit to the patient. The 06/26/14 report states gym membership is needed to continue physical therapy. On 09/23/14 the treater states the patient would benefit from therapy or gym membership. The reports document prior gastric bypass surgery (approximately 2002-2003) and obesity problems for this patient. In this case, however, there is no discussion about the unsuitability of a home exercise program. Furthermore, there is no discussion about the need for special equipment for this patient. The request is not medically necessary.