

<b>Case Number:</b>	CM14-0171336		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Medicine 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:

This is a 32-year-old male patient who reported an industrial injury on 8/6/2014, three (3) months ago, attributed to the performance of his usual and customary job tasks as a firefighter reported as lifting a patient onto a gurney. The patient complains of low back pain radiating to the left lower extremity. The patient complained of pain radiating to the left buttock and left posterior thigh. The patient was noted to have had a prior L5-S1 discectomy during 2012. The patient reported having a resolution of his lower back pain and radiculopathy subsequent to the prior surgical intervention and now has symptoms that are very similar to the symptoms he had prior to surgical intervention. The objective findings on examination included no acute distress; no assistive devices to ambulate; sensation intact to all lower extremity dermatome; DTR patella 2+ and equal bilaterally; gait is slightly antalgic; able to heel walk; able to toe rise without difficulty; decreased range of motion to the lumbar spine; strength is 5/5 and all lower extremity musculature. The MRI of the lumbar spine dated 8/26/2014 documented evidence of L5-S1 herniated disk, left paracentral location, with previous left-sided laminotomy. The disc itself is collapsed. Decreased T2 signal. Facet appears to be intact. The MRI was compared to the prior MRI dated 4/2/2012. The impression was recurrent L5-S1 herniated disc with S1 radiculopathy. The treatment plan included a possible repeated laminectomy-discectomy; disc arthroplasty; bone density study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEXA bone density testing:** Upheld

**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 Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general medical disciplinary guidelines for the evaluation of bone density

**Decision rationale:** The CA MTUS; the ACOEM Guidelines 2nd edition and the Official Disability Guidelines (ODG) do not specifically address the use of bone density scans for the evaluation of Osteoporosis in the general evaluation of the patient in relation to spinal surgery. Scan to evaluate the patient for possible disc arthroplasty or a repeated discectomy. The patient was noted to have a fracture of the humus subsequent to a fall from her bike; however, the rationale for the medical necessity of a DEXA bone scan is to evaluate for osteoporosis to determine whether or not the patient would be a suitable candidate for a disc arthroplasty versus repeated discectomy and laminectomy with possible fusion. The request is not supported with objective evidence to support the medical necessity of the Dexascan in relation to the medical necessity of an artificial disk in a 32-year-old firefighter versus a repeated discectomy and possible fusion. The Dexascan is a primary care test for the chronic condition of osteoporosis. There is no demonstrated industrial nexus to osteoporosis if identified in the patient. There are no reported x-rays with an assessment of osteoporosis. The Dexascan is ordered to rule out Osteoporosis without any objective findings of osteoporosis in this 32-year-old firefighter. There is no provided industrial nexus for the "rule out osteoporosis."The requested bone density scan is consistent with the general medical guidelines for the evaluation of Osteoporosis of the lower back and hip; however, it is not clear, and is not supported with a clinical rationale, to be medically necessary for the treatment of the patient's industrial injuries. The study is consistent with established Medical Disciplinary Guidelines for the treatment of Osteoporosis. There is no indication that the bone scan is medically necessary for the continued treatment of a recurrent herniated disc with a collapsed disc.

**Second opinion with [REDACTED] Upheld**

**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 Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines chapter 7 page 127

**Decision rationale:** The patient has requested a second opinion with the physician who performed his initial discectomy laminectomy. The request for a second opinion with [REDACTED] is not demonstrated to be medically necessary and is only a preference of the patient to confirm the initial diagnosis and recommended treatment plan. There is no demonstrated medical necessity for the consultation based on the recommended procedure or the abilities of the

physician being consulted. There was no rationale by the treating physician to support medical necessity and was only stated to be reasonable based on the request by the patient to return to the surgeon that initially treated his lower back issue with a discectomy/laminectomy. The request was not made by the requesting physician to further a specific treatment plan. Based on the guidelines cited above, the request is not medically necessary.