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| Case Number: | CM14-0080225 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 12/07/2011 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 04/27/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Emergency 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:

Patient with reported date of injury on 12/7/2011. Mechanism of injury was not provided for review. Patient has a diagnosis of chronic recurrent musculoligamentous injury of cervical spine and trapezius, multi-level degenerative spine disease of cervical spine, post fracture-dislocation of L shoulder, chronic lumbar sprain and degenerative lumbar disc disease with radicular symptoms. Medical records reviewed. Last report available until 4/17/14. Patient complaining of low back pain. Pain radiates to L leg with tingling in L leg and calf. Medications improve pain. Objective exam reveals tenderness of cervical paraspinal, bilateral trapezius, lumbar spine with muscle spasms. Limited range of motion due to pain. Positive L sided straight leg raise. CT scan of lumbar spine (2/24/14) reveals moderate central canal stenosis at L3-4 and L4-5 with mild canal stenosis, grade 1 anterolisthesis at L4-5 and L5-S1, severe disc degeneration at T12-L1 with mild grade 1 anterolisthesis, moderate-severe foraminal narrowing at L4-5 and L5-S1 and moderate at T12-L1 and L3-4. Multilevel facet hypertrophic changes. MRI of Lumbar spine (2/24/14) reveals similar findings to CT scan with L 5 nerve impingement. No complete medication list was provided for review. Notes mention Omeprazole, Naproxen, and Tramadol. Independent Medical Review is for Bone Density Scan of back. Prior UR on 5/1/14 recommended non-certification of bone density scan and certification of L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Density Scan back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Miner Res.2004 May;19(5):782-93.Epub 2004 Mar 1, "Association of five quantitative ultrasound devices and bone densitometry with osteoporotic vertebral fractures in a population-based sample: the OPUS Study."

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, Other Medical Treatment Guideline or Medical Evidence: Screening for Osteoporosis: US Preventive Service Task Force Recommendation Statement; Ann Intern Med. 2011.

Decision rationale: Bone density scan was ordered by primary treating provider to rule out osteoporosis. This Independent Medical Review will review the medical necessity of the request. The prior UR mentions some contention that the low back injury may not be covered but that is for the insurance provider, attorneys and QME to determine. There are no sections in the MTUS Chronic pain, ACOEM or Official Disability Guidelines that deal with this topic. Guidelines published by the US Preventive Service Task Force was used. The USPSTF Guidelines recommend screening of women older than 65 for osteoporosis to decrease risk for fractures and for potential treatment. Bone scans such as DXA(Dual-energy xray absorptiometry) are recommended of the lumbar spine and hip for screening of osteoporosis. Patient is noted to be 80years old with spine disease. Screening for osteoporosis meets indication as per USPSTF recommendations. Bone density scan is medically necessary.