

Case Number:	CM14-0166563		
Date Assigned:	10/13/2014	Date of Injury:	03/21/2012
Decision Date:	07/20/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 50 year old, male who sustained a work related injury on 3/21/12. The diagnosis has included thoracic spine pain. Treatments have included medications, physical therapy and activity restrictions. In the Visit note dated 6/13/12, the injured worker complains of occasional thoracic pain. He reinjured himself twice attempting to return to work. He has taken medications three times in the past week. He has some tenderness around T6 and some muscle spasms to the paraspinal muscles in that region. He has some pain with abduction of arms. The treatment plan for this visit includes a continuation of physical therapy, refills of medication and to get an orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXA Bone Density; right lower arm, neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:

http://www.ngc.gov/summary/summary.aspx?doc_id=13190&nbr=006738&string=bone+AND+mineral+AND+density+AND+guidelines.

Decision rationale: Regarding the request for bone density, neither MTUS nor ODG address the issue. The National Osteoporosis Foundation (www.NOF.org) recommends bone density testing in the following: Women age 65 and older and men age 70 and older, regardless of clinical risk factors; younger postmenopausal women and men age 50-70 about whom you have concern based on their clinical risk factor profile; women in the menopausal transition if there is a specific risk factor associated with increased fracture risk such as low body weight, prior low-trauma fracture, or high-risk medication; adults who have a fracture after age 50; adults with a condition (e.g., rheumatoid arthritis) or taking a medication (e.g., glucocorticoids greater than or equal to 5 mg/day for three months or longer) associated with low bone mass or bone loss; anyone being considered for pharmacologic therapy for osteoporosis; anyone not receiving therapy in whom evidence of bone loss would lead to treatment; postmenopausal women discontinuing estrogen should be considered for bone density testing. Within the information made available for review, there is no documentation of an indication for performing bone density. In the absence of such documentation, the currently requested bone density is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation the requested cervical MRI is not medically necessary.