MAXIMUS Federal Services

Case Number:	CM15-0163166		
Date Assigned:	08/31/2015	Date of Injury:	02/02/2008
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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

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 67 year old male, who sustained an industrial injury on February 2, 2008. The injured worker was diagnosed as having spinal cord injury, spastic paraplegia, neurogenic bladder and bowel and lumbar compression fracture. Treatment to date has included Botox injection, medication, wheel chair, physical therapy, spinal cord stimulator and intrathecal pump. A progress note dated July 8, 2015 provides the injured worker complains of paraplegia and spinal cord injury resulting in groin pain, spasm and overactive bladder-spastic bladder. He reports prior Botox injection helped some but he still has pain. Physical exam notes frequent episodes of spasm in the left groin with severe pain described as to the point of tears. There is no tenderness to palpation of the groin while seated although palpation of the adductor muscle was differed due to history of severe pain on palpation. The request includes Dexa scan ReWalk trial and Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexa scan (to assess bone density and bone health): 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 Chapter, 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 & Leg Chapter, under Bone densitometry.

Decision rationale: The patient presents with paraplegia as well as spinal cord injury with left groin pain with adductor muscle spasm, overactive bladder/spastic bladder. The request is for Dexa Scan (To Assess Bone Density and Bone Health). The request for authorization is dated 07/15/15. Physical examination reveals frequent episodes of spasms in the left groin region, which causes severe discomfort and pain. No pain with internal and external rotation of left hip while in the seated position. No pain with palpation in the left gluteal region or SI joint region; did not palpate the adductor muscle; however, this typically lead to severe pain. There are no positions from a seated position we could place the patient, which precipitated the patient's pain. He had some mild improvement from his Botox injection. The patient is doing well with KAFOs. Patient's medications include Norco, Fentanyl, Cyclobenzaprine, Gralise, and Ativan. Per progress report dated 07/08/15, the patient is permanent and stationary.ODG Guidelines, Knee & Leg Chapter, under Bone densitometry Section states, "Recommended for selected patients to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. Osteoporosis does not appear to have a direct causal relationship to work injury or work exposures, so authorization of services for diagnosis or treatment of osteoporosis should not be commonly considered or approved in workers' comp. It may be appropriate to monitor for osteoporosis in individuals (usually with Bone Density Measurements or DEXA scans) who are being treated for other conditions if that condition or the treatment of the condition is associated with the development of osteoporosis, for example, monitoring of an individual who is of appropriate age and treated for a condition with prednisone at doses greater than 7.5 mg per day for more than 3 months. These decisions should be made on a case by case basis. Due to the long term nature, treatment of osteoporosis should require an additional agreed upon allowance on a claim. If a claim is allowed for osteoporosis, appropriate treatment would include medication and monitoring as recommend by guidelines such as those from the National Osteoporosis Foundation. (NOF, 2010) (BWC, 2004)" Per progress report dated 07/08/15, treater's reason for the request is "Due to his chronic paraplegia, he is at risk for osteoporosis and osteopenia. I will request a DEXA scan to assess his bone density and bone health." In this case, the patient presents with paraplegia as well as spinal cord injury. Diagnoses include L1 compression fracture due to trauma and risk of osteopenia/osteoporosis. ODG supports the use of Dexa Scan to determine if osteoporosis is present in patients with fracture injuries. The request appears reasonable. Therefore, the request is medically necessary.

ReWalk trial: 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), Knee and Leg Chapter, Exoskeleton suits (for wheelchair users).

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, under Exoskeleton suits.

Decision rationale: The patient presents with paraplegia as well as spinal cord injury with left groin pain with adductor muscle spasm, overactive bladder/spastic bladder. The request is for Rewalk Trial. The request for authorization is dated 07/15/15. Physical examination reveals frequent episodes of spasms in the left groin region, which causes severe discomfort and pain. No pain with internal and external rotation of left hip while in the seated position. No pain with palpation in the left gluteal region or SI joint region. Did not palpate the adductor muscle; however, this typically lead to severe pain. There is no positions from a seated position we could place the patient, which precipitated the patient's pain. He had some mild improvement from his Botox injection. The patient is doing well with KAFOs. Patient's medications include Norco, Fentanyl, Cyclobenzaprine, Gralise, and Ativan. Per progress report dated 07/08/15, the patient is permanent and stationary.ODG Guidelines, Knee & Leg Chapter, under Exoskeleton suits (for wheelchair users) Section states, "Under study. These devices bring mobility to people who have lost function in the lower body due to an accident, stroke, multiple sclerosis, or other disorders. Several exoskeletons are on the market now, and they are all similar to each other in terms of technologies, but they are not ready to replace the wheelchair. Existing brands include the Ekso Bionics robotic suit /exoskeleton; the Rewalk" from [redacted]; the MindWalker integrated exoskeleton; and Rex the Robotic Exoskeleton. (Mertz, 2012) Per progress report dated 07/08/15, treater's reason for the request is "to facilitate his mobility to help with bone density, lower extremity muscle mass. He is appropriate for this, as he does have good use of his upper extremities, as he is a low thoracic paraplegic patient. It is also possible that being in a standing position more of the time may help with the muscle tightness and hip abductors, which I believe is contributing to his groin pain." Although the Rewalk can bring mobility to patients who have lost function in the lower body, they are not ready to replace the wheelchair. At this time, there is no guideline support as exoskeleton suits are currently under study. Therefore, the request is not medically necessary.