

<b>Case Number:</b>	CM15-0189100		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/26/1988
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 68 year old male, who sustained an industrial injury on 1-26-1988. Medical records indicate the worker is undergoing treatment for post-laminectomy syndrome, lumbar disc degeneration, lumbago and pain thoracic spine. A recent progress report dated 8-19-2015, reported the injured worker complained of low back pain radiating to the front of his pelvis and down the right leg, rated 6 out of 10 and without medications pain was rated 10 out of 10. Physical examination revealed the injured worker moves slowly, tremors in his hands, "severely limited lumbar range of motion", positive straight leg raise test bilaterally and focal tenderness to palpation over the fusion site on the left lower back. Lumbar x ray showed surgical hardware and no evidence of ligamentous instability on flexion views. Treatment to date has included H wave with no change in symptoms, epidural steroid injection that helped symptoms, spinal decompression surgery made symptoms worse and medication management that helped symptoms. On 9-3-2015, the Request for Authorization requested a Dexa (bone density)-scan. On 9-9-2015, the Utilization Review noncertified the request for a Dexa (Bone density)-scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexa scan:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Bone densitometry.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan and Other Medical Treatment Guidelines <http://www.uptodate.com/>, Overview of dual-energy x-ray absorptiometry.

**Decision rationale:** ODG states that bone scans are "not recommended, except for bone infection, cancer, or arthritis." The medical documentation does not indicate concerns for bone infection or arthritis. ACOEM states that imaging studies may be recommended if there is an "Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure." Uptodate.com states, "Dual-energy x-ray absorptiometry (DXA) is the best available clinical tool for the diagnosis of osteoporosis and monitoring changes in bone mineral density (BMD) over time. Identification of previously undetected vertebral fractures (VFs) may change the diagnostic classification, fracture risk assessment, and clinical management. Vertebral fracture assessment (VFA) by DXA is a method of visualizing the spine to detect VFs. VFA compares favorably with spine radiographs in detecting moderate and severe VFs, but it does not perform as well for diagnosing mild VFs". The medical documentation provided indicates this patient was diagnosed with a lumbar compression fracture with no mechanism of injury described. Given the patient's co-morbidities as well as the patient's age, a dexa scan is reasonable to determine the plan of care for this patient based on Uptodate.com guidelines. As such, the request for Dexa scan is medically necessary.