MAXIMUS Federal Services

Case Number:	CM15-0196768		
Date Assigned:	10/12/2015	Date of Injury:	06/05/2009
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 6-5-09. The injured worker reported discomfort in the left upper extremity, back, shoulders, left buttock, and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for status post cervical fusion, cervical intervertebral disc disorder with myelopathy, and lumbar intervertebral disc disorder with myelopathy, sciatica, and carpal tunnel syndrome. Medical records dated 9-4-15 indicate pain rated at 5 out of 10. Provider documentation dated 9-4-15 noted the work status as temporary totally disabled. Treatment has included cyclobenzaprine since at least March of 2015, lumbar spine magnetic resonance imaging (3-19-15), physical therapy, interferential unit, Nabumetone since at least June of 2015, and electrodiagnostic testing. Objective findings dated 9-4-15 were notable for decreased cervical and lumbar range of motion. The original utilization review (9-23-15) partially approved/denied a request for Body composition study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body composition study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epub 2013 Oct 16. The Official Position of the International Society for Clinical Densitometry: Indications and Use and Reporting of DXA for Body Composition. Kendler DL1, Borges JL, Fielding RA, Itabashi A, Krueger D, Mulligan K, Camargos BM, Sabowitz B, Wu CH, Yu EW, Shepherd J J Clin Densitom. 2013 Oct-Dec; 16 (4): 496-507.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, body composition study is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish re-assurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are hiatal hernia; gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs; gastritis, status post H. pylori treatment; constipation/diarrhea suspect irritable bowel; and sleep disorder. The treatment plan includes a request for a body composition study. There is no clinical indication for the body composition study. There is no clinical rationale for a body composition study. There is no clinical discussion of the body composition study. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for body composition study, body composition study is not medically necessary.