

Case Number:	CM15-0206312		
Date Assigned:	10/23/2015	Date of Injury:	10/25/2013
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female who sustained an industrial injury on 10-25-2013. A review of the medical records indicates that the injured worker is undergoing treatment for persistent pain with radiculopathy status post laminectomy for herniated disc. Per the progress report dated 9-3-2015, the injured worker reported that her medications had been adjusted and that was sufficient relief at that point. Per the treating physician (9-3-2015), the work status was modified duty. Objective findings (9-3-2015) revealed paraspinal muscle tenderness in the lumbar spine. According to the progress report dated 9-17-2015, the injured worker complained of increasing difficulties with her activities of daily living. She complained of leg pain. Treatment has included injections, acupuncture and medications. Current medications (9-3-2015) included Lamictal, Norco and Fentanyl patches. The treatment plan (9-17-2015) was for lumbar reconstruction. Authorization was requested for bone density to ensure there was adequate stability for disc arthroplasty. The original Utilization Review (UR) (9-30-2015) denied a request for DEXA bone density.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXA scan, bone density: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic) (updated 07/17/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Disc Prosthesis.

Decision rationale: The requested procedure is a DEXA scan to evaluate the bone density in preparation for an artificial disc replacement of the lumbar region. ODG guidelines do not recommend artificial disc replacement in the lumbar spine. As such, the surgical request was noncertified. Since the surgery is no longer necessary, the request for the preoperative DEXA scan is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.