

Case Number:	CM15-0208147		
Date Assigned:	10/27/2015	Date of Injury:	08/10/2006
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 39-year-old female, who sustained an industrial-work injury on 8-10-06. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago, positive discography on 8-3-15, diagnostics (CT SPECT scan, x-rays, and MRI (magnetic resonance imaging) demonstrating degenerative disc disease with retrolisthesis and smaller disc bulge (L2-3) at L3-4 and L4-5 and no hardware failure). Treatment to date has included medication, and diagnostic discography. Currently, the injured worker complains of lumbar pain rated 6 out of 10 with report of positive lumbar discography. Medication includes Cyclobenzaprine, Diclofenac (Voltaren XR), and Fluoxetine HCL. Per the primary physician's progress report (PR-2) on 10-2-15, exam noted visible discomfort with flexion, extension of lumbar spine, normal neurological exam, negative straight leg raise bilaterally, no hip pathology, normal sensory exam, no hyperreflexia or pathologic reflexes. Current plan of care includes bone scan. The Request for Authorization requested service to include Bone mineral density DEXA scan. The Utilization Review on 9-29-15 denied the request for Bone mineral density DEXA scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone mineral density DEXA scan: 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 Lewiecki EM, et al. Overview of dual-energy x-ray absorptiometry. Topic 2056, version 11.0. UpToDate, accessed 12/09/2015.

Decision rationale: A DEXA scan is a study that looks at the density of bones in the body. The MTUS Guidelines are silent on this issue. The literature supports the use of this study for women older than age 65 years and men older than age 70 years, men age 50-59 years with risk factors for fracture, postmenopausal women younger than age 65 years, women in menopausal transition, adults with a fracture after age 50 years, and adults with a condition or taking medications that are associated with bone loss or low bone mass. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. There was no discussion detailing a situation that met the above criteria or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a bone density mineral density DEXA scan is not medically necessary.