MAXIMUS Federal Services

Case Number:	CM15-0047945		
Date Assigned:	03/20/2015	Date of Injury:	09/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 64-year-old female who sustained an industrial injury on 9/13/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, spinal stenosis of lumbar region, scoliosis of lumbar spine and degenerative spondylolisthesis. Treatments to date have included chiropractic treatment, non-steroidal anti-inflammatory drugs, epidural steroid injection and a lumbar brace. Currently, the injured worker complains of pain in the lower back. The plan of care was for diagnostics, lumbar epidural steroid injection and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone density study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.shef.ac.uk/FRAX/USPTF Recommendations Osteoporosishttp://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatement Final/osteoporosis-screening#Pod2.

Decision rationale: The MTUS and ODG are silent on osteoporosis screening. "The USPSTF recommends screening for osteoporosis in women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white women who has no additional risk factors." The 10 year risk for major osteoporotic fracture in this group of patients is 9.3% calculated via the FRAX score. In this case, the patient's Frax score is 9.3%, therefore the Bone density study is medically necessary.