

<b>Case Number:</b>	CM15-0060624		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: 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 56-year-old male, who sustained an industrial injury on April 7, 2004. A psychiatric disorder and orthopedic injury were noted to be reported. The injured worker was diagnosed as having brachial neuritis or radiculitis, postlaminectomy syndrome of cervical region, lumbar or lumbosacral disc degeneration, lumbosacral spondylosis without myelopathy, spasm of muscle and myofascial pain syndrome. Treatment to date has included diagnostic studies, injection, surgery, psychotherapy, medications, aquatic therapy, functional restoration and acupuncture. On January 14, 2015, the injured worker complained of back pain going down his leg along with bilateral lower extremity pain and bilateral upper extremity pain. He also complained of neck pain going down the arm with bilateral shoulder pain. The treatment plan included medications, physical therapy, urine analysis and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexu bone scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Osteoporosis Foundation: Bone Mineral Density (BMD).

**Decision rationale:** The National Osteoporosis Foundation has recommended that men 70 years of age and older undergo bone mineral density (BMD) testing. In addition, BMD testing is recommended in postmenopausal women and men aged 50 to 70 years when the patient's risk factor profile indicates potential problems. And, in those who have had a fracture, BMD testing is recommended to assess the severity of the fracture. The evidence to date shows that osteoporotic fractures are associated with significant morbidity and mortality in men, resulting in substantial disease burden, death, and healthcare costs. For men, the 1-year mortality rate after hip fracture is twice that in women. There is no specific indication for the requested BMD per the reviewed guidelines. Medical necessity for the requested item is not established. The requested item is not medically necessary.