

Case Number:	CM14-0212702		
Date Assigned:	12/30/2014	Date of Injury:	02/21/2005
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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 38-year-old gentleman with a date of injury of 02/21/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/25/2014 and 12/04/2014 indicated the worker was experiencing lower back and neck pain, constipation, heartburn, weakness, and depressed mood. Documented examinations consistently described foot drop on both sides and spastic paralysis involving both feet. The submitted and reviewed documentation concluded the worker was suffering from a traumatic spinal cord injury, insomnia, depression, neurogenic bowel, urinary retention, and osteopenia. Treatment recommendations included medications, a bone density scan, and follow up care. A Utilization Review decision was rendered on 12/12/2014 recommending non-certification for a bone density scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bone density scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Osteoporosis: diagnosis, treatment and fracture prevention. Vancouver (BC): British Columbia Medical Services Commission; 2011 May 1. 15 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lewiecki EM, et al. Overview of dual-energy x-ray absorptiometry. Topic 2056, version 9.0. UpToDate, accessed 02/18/2015.

Decision rationale: 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 concluded the worker was suffering from a traumatic spinal cord injury, insomnia, depression, neurogenic bowel, urinary retention, and osteopenia. There was no discussion describing a situation that met the above criteria. While the records indicated the worker had osteopenia, this on its own is insufficient to require a bone density scan. There was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a bone density scan is not medically necessary.