

Case Number:	CM14-0214055		
Date Assigned:	12/31/2014	Date of Injury:	03/29/2013
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female patient with a date of injury of March 29, 2013. A utilization review determination dated December 9, 2014 recommends noncertification of a bone density/DEXA study. An appeal letter dated December 19, 2014 states that the patient has significant spinal stenosis and has failed conservative treatment. She is going to require major lumbar reconstructive decompression and fusion. Her x-rays demonstrate osteopenia. Therefore, a bone density scan is needed prior to proceeding forward with surgery. A progress report dated November 21, 2014 identifies subjective complaints of neck pain with radiculopathy through the left greater than right upper extremity associated with numbness and loss of dexterity. She has previously undergone a cervical fusion and is now being recommended to undergo a 2nd fusion. She also complains of low back pain and radiculopathy into both lower extremities. Physical examination findings reveal normal sensation in the upper extremities. There is tenderness around the cervical and lumbar spine and decreased motor strength in the left upper extremity and right upper extremity. Lower extremity weakness is also noted. Diagnoses include status post C3-4 fusion with myelopathy, cervical stenosis, degenerative scoliosis, degenerative spondylolisthesis, severe stenosis, and left leg sciatica. The treatment plan recommends a bone density study prior to any surgical intervention, temporary total disability, and return to clinic after bone density is complete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone density / DEXA study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- upper back and neck

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:

http://www.ngc.gov/summary/summary.aspx?doc_id=13190&nbr=006738&string=bone+AND+mineral+AND+density+AND+guidelines.

Decision rationale: Regarding the request for bone density, neither MTUS nor ODG address the issue. The National Osteoporosis Foundation (www.nof.org) recommends bone density testing in the following: Women age 65 and older and men age 70 and older, regardless of clinical risk factors; younger postmenopausal women and men age 50-70 about whom you have concern based on their clinical risk factor profile; women in the menopausal transition if there is a specific risk factor associated with increased fracture risk such as low body weight, prior low-trauma fracture, or high-risk medication; adults who have a fracture after age 50; adults with a condition (e.g., rheumatoid arthritis) or taking a medication (e.g., glucocorticoids greater than or equal to 5 mg/day for three months or longer) associated with low bone mass or bone loss; anyone being considered for pharmacologic therapy for osteoporosis; anyone not receiving therapy in whom evidence of bone loss would lead to treatment; postmenopausal women discontinuing estrogen should be considered for bone density testing. Within the documentation available for review, it appears this is a female patient over the age of 65, with no previous bone density study reported. This in-and-of itself supports the medical necessity of a bone density study. Additionally, if surgical intervention is being considered, then assessing the patient's bone density prior to implantation of hardware is reasonable. As such, the currently requested bone density/DEXA study is medically necessary.