

Case Number:	CM14-0215527		
Date Assigned:	01/05/2015	Date of Injury:	07/26/2013
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60 year old woman with a date of injury of 7/26/13. She was seen by her physician on 12/3/14 with complaints of low back pain with leg radiation. She also had neck pain which was gradually getting worse. She had muscle spasms and pain on a daily basis. She was able to walk for exercise 3-4 times per week. She had no significant past medical history. She denied tobacco use and took no active medications. Here exam showed no obvious deformity of the spine. She was tender in the low lumbar region with reduced range of motion due to pain and spasm. She had a negative straight leg raise. Motor strength was 5/5 and her gait was antalgic on the left. Prior radiographs and MRI showed grade 1 spondylolisthesis at L3-4 causing some central and foraminal stenosis. Her diagnosis was 'displacement of cervical intravertebral without myelopathy and spondylolisthesis congenital'. Stabilization surgery was discussed and a bone density scan was ordered to assess bone strength 'in terms of stabilization and reduction'. The bone density scan is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexascan (Bone Density Scan): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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: Uptodate: screening for osteoporosis.

Decision rationale: This injured worker is a 60 year old woman with chronic back pain but no significant past medical history. She takes no medications. The note of 12/14 does not document any risk factors for osteoporosis that would justify screening prior to the age of 65 years. These include advanced age, previous fracture, long-term glucocorticoid therapy, low body weight, family history of hip fracture, cigarette smoking and excess alcohol intake. The medical necessity of a dexa scan is not substantiated in the records.