

Case Number:	CM15-0016704		
Date Assigned:	02/05/2015	Date of Injury:	01/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: District of Columbia, Virginia
 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 59 year old female who sustained an industrial injury reported on 1/22/2014. She has reported low back pain. The diagnoses have included lumbar 4-5 spondylolisthesis; and lumbar herniated nucleus pulposus. Treatments to date have included consultations; diagnostic imaging studies; physical therapy visits; acupuncture treatment; chiropractic therapy; and medication management. The work status classification for this injured worker (IW) was noted to be back at work on modified duties for 45 days (from 1/7/15). On 1/26/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/12/2015, for 1 bone density study (Dexascan) of the lumbar spine. The American College of Occupational and Environmental Medicine, low back complaints and management, bone scan; and the Medical Treatment Utilization Schedule, special studies diagnostic and treatment considerations, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Density (Dexascan): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304,309.

Decision rationale: Per ACOEM:Special studies and Diagnostic and Treatment consideration: unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and nation are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study, indiscriminant imaging will result in false positive findings, such as disk bulges that are not the source of painful syndromes and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue, CT for bony structures. Table 12. 8: summary of recommendations for evaluating and managing low back complaints . Clinical measure: detection of physiologic abnormalities. This patient had no evidence of physiologic decline and this would not be indicated.