

Case Number:	CM15-0123457		
Date Assigned:	07/07/2015	Date of Injury:	03/16/2001
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female who sustained an industrial injury on 3/16/01. The mechanism of injury was unclear. She complains of debilitating headaches with photophobia, nausea and vomiting. Medications are Norco, Ultram, Neurontin, dexilant, Cymbalta, Wellbutrin, Ativan, baclofen, Flector Patch, Colace, OxyContin. Diagnoses include bilateral upper extremity and lower extremity complex regional pain syndrome; status post spinal cord stimulator placement lower extremities (3/21/05 with revisions 2008 and 2010; status post spinal cord stimulator upper extremities (6/24/04 with revisions 2008, 2012 and 2014; de Quervain's tenosynovitis; lateral epicondylitis; multiple caries secondary to xerostomia due to chronic opiate use; medication induced gastritis; chronic cervicogenic headaches becoming migraines. Treatments to date include medications; aqua therapy; spinal cord stimulator with 50% relief. Diagnostics include computed tomography of the brain (6/14/13) unremarkable; computed tomography of the lumbar spine (11/22/04) unremarkable; electromyography of upper extremities (4/9/03) right ulnar motor neuropathy. On 6/15/15 Utilization Review evaluated a request for one bone densitometry for the total body.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone densitometry for the total body: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Bone Densitometry.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg Chapter/Bone Densitometry Section.

Decision rationale: The MTUS guidelines do not address the use of bone densitometry. The ODG states that the procedure is recommended for selected patients to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. Osteoporosis does not appear to have a direct causal relationship to work injury or work exposures, so authorization of services for diagnosis or treatment of osteoporosis should not be commonly considered or approved in workers' comp. It may be appropriate to monitor for osteoporosis in individuals (usually with Bone Density Measurements or DEXA scans) who are being treated for other conditions if that condition or the treatment of the condition is associated with the development of osteoporosis, for example, monitoring of an individual who is of appropriate age and treated for a condition with prednisone at doses greater than 7.5 mg per day for more than 3 months. These decisions should be made on a case by case basis. Due to the long term nature, treatment of osteoporosis should require an additional agreed upon allowance on a claim. If a claim is allowed for osteoporosis, appropriate treatment would include medication and monitoring as recommend by guidelines such as those from the National Osteoporosis Foundation. In this case, the injured worker is not being treated with prednisone and is not at an unusually high risk of developing osteoporosis. The request for bone densitometry for the total body is determined to not be medically necessary.