MAXIMUS Federal Services

Case Number:	CM15-0179786		
Date Assigned:	09/21/2015	Date of Injury:	03/01/2013
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old female, who sustained an industrial injury on March 1, 2013. The injured worker was being treated for neck pain, cervical spine spondylosis, and lumbar spine spondylosis. Medical records (July 6, 2015 to August 7, 2015) indicate ongoing neck, bilateral shoulder, low back, bilateral buttock, and bilateral leg pain and numbness and tingling in both hands. The physical exam (July 6, 2015 to August 7, 2015) reveals limited cervical range of motion, diffuse loss of C6 (cervical 6) distribution, an absent left biceps reflex, pain behavior weakness in the deltoids, decreased left biceps motor power, positive tender mass in the bilateral L4-S1 (lumbar 4-sacral 1) with positive facet tests, left straight leg raise produces symptoms at the L4-5 (lumbar 4-5) distribution, and difficulty with heel walking with the foot coming down indicating weakness in the L4-5 distribution. On May 24, 2013, an MRI of the cervical spine revealed at T1-2 (thoracic 1-2) and At T2-3 (thoracic 2-3) dehiscence of the nucleus pulposus with 6 millimeter upward protrusions indenting the anterior portion of the subarachnoid space causing a mild decrease in the cervical canal diameter. There was straightening of the cervical curvature compatible with cervical myositis. On May 24, 2013, an MRI of the lumbar spine revealed at the L4-L5 (lumbar 4-lumbar 5) level dehiscence of the nucleus pulposus with 5 millimeter posterior bulge indenting the anterior portion of the lumbosacral sac causing a mild decrease in the lumbosacral canal diameter. There was a small inferior annulus tear of the nucleus pulposus. At L5-S1 (lumbar 5-sacral 1), there was a 7 millimeter posterior protrusion indenting the anterior portion of the lumbosacral sac causing a mild decrease in the lumbosacral canal diameter. There was thickening of the ligamentum flavum and bilateral fluid in the facet

joints. On July 14, 2015, x-rays of the cervical spine revealed reversal of the cervical lordosis, C5-6 (cervical 5-6) and C6-7 (cervical 6-7) degenerative space disease. On July 14, 2015, x-rays of the lumbar spine revealed L5-S1 (lumbar 5-sacral 1) degenerative disc disease. Treatment has included physical therapy, acupuncture, activity modifications, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including oral pain, topical pain, muscle relaxant, anti-migraine, and non-steroidal anti-inflammatory. On August 11, 2015, the requested treatments included a Dexa scan. On August 18, 2015, the original utilization review non-certified a request for a Dexa scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexa Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/100_199/0134.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for osteoporosis: U.S. preventive services task force recommendation statement. U.S. Preventive Services Task Force Ann Intern Med. 2011; 154 (5): 356. Kanis JA, Borgstrom F, De Laet C, et al. Assessment of fracture risk. Osteoporos Int 2005; 16: 581. Kanis JA, Borgstrom F, De Laet C, et al. Assessment of fracture risk. Osteoporos Int 2005; 16: 581.

Decision rationale: The MTUS and ODG fail to discuss osteoporosis screening and DEXA scans. The USPSTF guidelines were utilized instead. The medical records fail to reveal that the patient possesses the criteria set forth by the USPSTF. "The USPSTF recommends screening for osteoporosis in women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white women who has no additional risk factors." The patient also fails to possess any of the risk factors (Kanis) Advancing age, Previous fracture, Glucocorticoid therapy, Parental history of hip fracture, Low body weight, Current cigarette smoking, Excessive alcohol consumption, Rheumatoid arthritis, Secondary osteoporosis. As such, the request for DEXA scan is not medically necessary.