

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/22/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bone Density Study/DEXA

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Orthopedic surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

Adverse determination letter 04/10/12

Adverse determination letter 05/01/12

Office visit notes (various providers 02/09/12-04/04/12)

Operative report bilateral L4-5, L5-S1 facet joint block

Chiropractic office visit notes 11/19/11-04/02/12

MRI lumbar spine 10/26/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. The claimant was working and was injured from fall. The claimant was treated conservatively with chiropractic treatments and physical therapy without improvement. MRI of lumbar spine performed 10/26/11 revealed degenerative disc and joint changes at multiple levels. Small disc herniation was seen at L3-4 level superimposed on disc bulge. Facet joint arthrosis and endplate spondylosis were noted to contribute to neural foraminal narrowing. A lumbar facet block was performed at the bilateral L4-5 and L5-S1 levels on 02/28/12. The claimant was seen by for new patient visit on 04/04/12. He states he has no radicular pain, numbness, tingling or paresthesias down his legs. All of his pain is down his back. Physical examination reported nonantalgic gait. The claimant was able to go up on his toes and back on heels without difficulty. There was mild tenderness over SI joints. Extension was noted to aggravate his pain at about 20 degrees. Straight leg raise was negative bilaterally. Faber's test was mildly positive bilaterally but does not reproduce pain. Sensation was intact in all dermatomes. Deep tendon reflexes were 2/4 bilaterally and symmetric. Strength was 5/5 throughout bilateral lower extremities. determined the claimant would be candidate for operative intervention with the best option a disc replacement. The claimant was recommended to undergo bone density scan.

A request for bone density study / DEXA was reviewed on 04/10/12 and non-certification was recommended. Reviewer noted there was no indication for DEXA scan. MRI on 10/26/11

revealed multilevel disc degeneration, L5-S1 disc bulge with disc height loss. There was bilateral facet arthrosis, moderate right and left neural foraminal narrowing. There is no canal or lateral recess stenosis. Physical examination on 04/04 by indicated negative straight leg raise, sensation, reflexes, and muscle tone were intact. Office notes indicated no previous surgical history. The claimant has a prior medical history of hepatitis. Current meds were Effexor and Ambien. There was lumbar strain but no radiculopathy.

A reconsideration request for bone density study/DEXA was non-authorized as medically necessary. It was noted that the claimant was injured and fell injuring his low back. Assessment was chronic low back pain since on the job injury on 09/27/11 with failure of extensive conservative treatment including chiropractic, exercise, medication as well as facet injections. MRI of the lumbar spine was obtained 10/26/11 and revealed degenerative disc and joint changes at multiple levels, a small disc herniation at L3-4, disc bulge at L5-S1, facet joint arthrosis and endplate spondylosis contributed to neural foraminal narrowing. The 04/04/12 subjective complaint was low back pain. The claimant denied radicular pain, numbness, tingling, or paresthesias down the legs. The claimant was using Effexor and Ambien. Examination revealed mild tenderness over the sacroiliac joints. The claimant was able to flex forward and almost touch his toes with his fingers, which aggravated his pain. Extension was to 20 degrees with aggravation of pain. The claimant had 2+ dorsalis pedis and posterior tibial pulse. He had downgoing Babinski and no clonus at the ankles. Straight leg raise was negative bilaterally. There was no pain noted with internal or external rotation of either hip. Faber test was mildly positive bilaterally, but did not completely reproduce his pain. Sensation was intact to all dermatomes. Deep tendon reflexes were 2/4 bilaterally and symmetric. Strength testing was 5/5 of hip flexion, hip abduction, quadriceps, hamstrings, ankle dorsiflexion, ankle plantarflexion, and in the extensor hallucis longus. Flexion extension x-rays of 04/04/12 documented decreased disc height and osteophyte formation L1-2 with retrolisthesis of L2-3 and decreased disc height L5-S1. It was noted that prior review indicated non-certification due to MRI essentially showing degenerative findings and disc bulges noted in summary with no previous surgical history. There are no additional medical records provided for review. Guidelines indicate a DEXA test is considered a gold standard for diagnosis of osteoporosis and detection of fracture. By diagnostic imaging the claimant has no indication of clinical osteoporosis therefore this would negate the need for DEXA scan study. There is no evidence of bone fracture or collapse and no evidence of pathologic bone or mineral density by screening study.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The claimant sustained an injury to the low back when he fell while attempting to get on a fire truck with full gear. He complains of low back with no radicular signs or symptoms. MRI revealed multilevel degenerative changes in the lumbar spine with a small disc herniation at L3-4 superimposed on disc bulge. The claimant was treated conservatively with chiropractic, physical therapy, medications, and injections. The claimant also underwent facet block on 02/28/12. Examination on 04/04/12 revealed no evidence of motor or sensory changes. Straight leg raise was negative bilaterally. Deep tendon reflexes were 2/4 and symmetric bilaterally. Per Official Disability Guidelines, bone scan is not recommended except for bone infection, cancer or arthritis. There is no evidence of any of these conditions in the current case. Therefore, and in accordance with the ODG, the reviewer finds no medical necessity for Bone Density Study/DEXA. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)