

Matutech, Inc
881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

Date: September 27, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bone density study

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization reviews (08/20/13, 09/06/13)
- Office visits (03/08/13 – 08/27/13)
- Diagnostics (03/08/13)
- Injections (04/30/13 - 07/30/13)
- Reviews (05/06/13 – 09/16/13) 06/26/13
- DWC-69 (06/26/13)
- Utilization reviews (08/20/13, 09/06/13)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was reportedly struck with a chair and punched all over the body. The complaints of pain in the face, head, neck and back were also verbalized.

On March 8, 2013, evaluated the patient for low back pain with right leg pain after being attacked in the previous week. The case was a Worker's Compensation claim because the patient was attacked approximately three weeks after his right-sided L5-S1 laminectomy and discectomy which was done on February 8, 2013. The patient had right lower extremity pain that was the same if not worse than his presurgical pain. He started having symptoms in the evening. He had already taken a Medrol Dosepak, but had no symptomatic improvement. He was continuing to take hydrocodone. Examination of the lumbar spine showed a positive straight leg raise (SLR) on the right side at 60 degrees. SLRs were normal on the left side with no issues. diagnosed one-month status post L5-S1 laminectomy, discectomy with a recent severe recurrence of radicular pain status post assault at work. She ordered magnetic resonance imaging (MRI) of the lumbar spine to evaluate for recurrent herniation at the surgical level. She noted that the patient already had a failed with the Medrol Dosepak and oral medications.

On March 8, 2013, MRI of the lumbar spine showed: (1) Soft tissue signal intensity in the right ventral epidural space at L5-S1 demonstrating partial enhancement with a 3.5-mm right paracentral region of non-enhancement consistent with a recurrent disc. There had been a right hemilaminectomy. (2) A 1.2-mm annular disc bulge at L4-L5 without spinal stenosis.

On March 15, 2013, reviewed the MRI findings that suggested a probable 3.5-mm recurrent disc on the right side. She noted that the patient had radicular pain which had significantly increased. It was worse than it was prior to his initial surgery. The patient had a very small recurrent spell that undoubtedly caused significant radicular symptoms. recommended undergoing a caudal epidural steroid injection (ESI).

On April 30, 2013, performed a caudal ESI for the postoperative diagnoses of L5-S1 postlaminectomy syndrome, L5-S1 herniated nucleus pulposus (HNP) and lumbar radicular syndrome.

On May 6, 2013, performed a peer review and noted following information:
“evaluated the patient on xx/xx/xx, for pain in the groin, thigh, back, and in the right arm. Prescription medications being taken included Pristiq, AndroGel, Dexilant and Zithromax. There were scattered abrasions involving the right forearm, hand and right side of neck. There was some tenderness to palpation over the lumbar spine with a positive straight leg raise on the right. had diagnosed a sprain of the lumbar spine and abrasions of the forearm following an assault and had obtained x-rays of the lumbar spine that documented normal alignment with no acute processes. Conservative treatment with oral medications had been recommended as well as local wound care to the abrasions”.

In response to the questions, rendered the following opinions: (1) The work event was a physical event and there was no competent, objective or independently confirmable medical evidence of any permanent worsening of a pre-existing condition as a result of the compensable event. (2) The extent of compensable injury included contusions and abrasions to the right thigh, groin, face and right

arm as a result of the compensable event. The back pain complaints were felt to represent ordinary diseases of life that pre-existed the compensable event and were not a function of the described compensable event. (3) The imaging studies documented degenerative disc disease (DDD) of the lumbar spine with disc bulging at the L4-L5 level and disc space narrowing and disc protrusion at the L5-S1 level which were consistent with ordinary diseases of life. The patient had already undergone a back surgery for back pain complaints and right leg radicular symptoms prior to the compensable event with no medical records available to be reviewed to support resolution of the pre-existing condition and symptoms prior to the compensable event. Prescription medications were also being prescribed at the time of compensable event including Pristiq and this supported that the patient had a pre-existing history of depression. AndroGel was also being prescribed supporting a pre-existing condition of low testosterone. An antibiotic was being prescribed for the surgical intervention either for prophylaxis or due to an infection following the back surgery. Dexilant was also being prescribed and it supported that the patient had a pre-existing history of gastroesophageal reflux. Any ongoing use of prescription medications was targeting pre-existing conditions and ordinary diseases of life that were not a function of described compensable event. (4) The compensable injuries had resolved with ongoing treatment targeting pre-existing conditions that were not causally related to the described compensable event. Based on the parameters reported by MD guidelines, contusions to the upper extremity typically resolve within one to three weeks.

On May 23, 2013, noted that the patient did not feel that the injection gave him any significant symptomatic improvement. The patient continued to report right lumbosacral pain with radiation the buttock and posterior thigh. prescribed Lyrica and recommended a right-sided L5-S1 ESI.

Per the risk management fund report dated June 3, 2013, the compensable injury for the injury date xx/xx/xx, included right upper thigh, groin, face, head, neck, right arm and low back. The disputes included post-laminectomy syndrome of lumbar spine, DDD of the lumbar spine with disc bulging at the L4-L5 level, lumbar disc space narrowing and disc protrusion at the L5-S1 level, depression, low testosterone, acid reflux and gastroesophageal reflux.

On June 26, 2013, performed a designated doctor evaluation (DDE) and rendered the following opinions: (1) The patient's diagnosis was lumbar sprain/strain and resolved contusions and abrasions to lower back, right arm, neck, face, head, right thigh and genitalia. Post laminectomy syndrome of lumbar spine with radicular pain without documentable radiculopathy and disc bulge/protrusion at L4-L5 and L5-S1. (2) Based on reasonable medical probability, the accident/incident giving rise to compensable injury included lumbar sprain/strain, post-laminectomy syndrome of lumbar spine with radicular pain without documentable radiculopathy, disc bulge/protrusion at L4-L5 and L5-S1 and contusions and abrasions to lower back, right arm, neck, face, head, right thigh and genitalia. The compensable injury did not include DDD of the lumbar spine, depression, low testosterone and acid reflex or GERD. Those were pre-existing conditions. The patient's inability to perform the pre-injury employment was the

direct result of the work related injury for the disability in question from xx/xx/xx, to present. The patient had not reached maximum medical improvement (MMI) but was expected on or about September 26, 2013. Continued care with spine surgeon was recommended.

On July 30, 2013, performed a right L5-S1 transforaminal ESI.

On August 9, 2013, noted that the injection had helped. The patient's leg pain had improved but it had not gone. Currently the leg pain was 7/10 and low back pain was 4/10. recommended continuing Lyrica and discussed possible further surgery including revision discectomy versus consideration of a more definitive procedure to address the degenerative L5-S1 disc. She ordered bone density study/DEXA.

Per utilization review dated August 20, 2013, the request for bone density study for low back pain was denied based on the following rationale: *"The Official Disability Guidelines does not address; however, an article of osteoporosis workup states that bone densitometry measurements are indicated for the diagnosis of osteoporosis or osteoporotic fractures to detect vertebral fractures. There is no diagnosis of osteoporosis or osteoporotic fractures or any imaging studies reporting vertebral fractures. Based upon the medical documentation provided for review and the osteoporosis workup article, the request is not medically supported. The request for a bone density study for low back pain is not certified."*

On August 27, 2013, followed up the patient on a phone call. She stated that she had ordered the bone density as it was medically necessary to have the results of his bone density in order to make a determination as to whether the patient would be a candidate for a disc replacement. She had discussed the option of a revision discectomy but considering that the patient had a large component of progressive back pain, she thought that a more global approach to a combined back and leg pain operation was reasonable. If his bone density was not normal then the patient would not be candidate due to concerns about fracturing his vertebral body. It was therefore, necessary to have the information from that study before being able to proceed with next treatment step.

Per reconsideration review dated September 6, 2013, the appeal for a bone density study of the low back was denied based on the following rationale: *"This is a non-certification of an appeal request for a non-alliance M.D. bone density study. The previous non-certification on August 14, 2013, stated the Official Disability Guidelines did not address the request; however, an article on osteoporosis workups states that bone densitometry measurements are indicated for the diagnosis of osteoporosis or osteoporotic fractures to detect vertebral fractures. There was no diagnosis of osteoporosis or osteoporotic fractures, or any imaging studies reporting vertebral fractures. Based on the additional medical records available for review, the appeal letter from the requesting provider on August 27, 2013, the previous non-certification is supported. There is no documentation of using bone density studies to determine if an individual is a*

candidate for a disc replacement. There is no documentation of any osteoporosis or vertebral fractures. Based on the medical records available for review and the peer-reviewed evidence-based article, the appeal request for a non-alliance M.D. bone density study is not certified.”

On September 16, 2013, performed a prospective review and opined that the approval for a bone scan study to the low back as requested in a patient who was improving with treatment and with steroid injections and recently reporting the patient with a back pain level of 4/10 and lower extremity strength symmetrical and present in all lower extremity muscles and correlated with MRI findings suggestive of a probable 3.5-mm recurrent disc on the right was not supported and was not medically reasonable or necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The question is in regard to a bone density study:

Upon review of the case, it does not appear to be medically necessary or reasonable at this point to proceed with a bone density study based on the guidelines currently available. The use of artificial disc in the lumbar spine is essentially not recommended as medically necessary as a service. Although this case presents an interesting history with previous surgical intervention on the back, it is understood that the potential use of ProDisc as an option does have a keel that does enter into the vertebral body. Although there is increased evidence of potential risk with a bone density reading of less than minus 1.25, there is no evidence in this case of any metabolic abnormalities that would indicate that this young gentleman would have evidence of any advanced osteoporotic disease.

Again, based on review of the records and the proposed request for a bone density study, it does not appear to be medically necessary at this point. As such, we would agree with the independent reviewer as to the adverse determination that was previously determined.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES