

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: March 24, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bone Density Study 78350

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx when she felt a sudden severe radiating pain that pulsed up the back. The claimant had x-rays, CT scans, MRIs, Myelograms with post Myelogram CTs. She underwent chiropractic treatment, medications, and ESIs. On July 1, 1999, the claimant underwent a 360 fusion at L4/5 and L5/S1. She then participated in a work hardening program and had continued chiropractic care. She had additional x-rays and MRI, and on December 11, 2002 a permanent spinal cord stimulator was implanted. Treatment continued with medicine management and SI injections.

On January 12, 2011, Operative Report, Postoperative diagnosis: 1. 724.2. 2. 996.40. 3. 75.52. 4. Bilateral lumbar radicular syndrome status post prior fusion L4 to the sacrum. 5. Failed back surgery syndrome with spinal cord stimulator

implanted 7 years ago. Procedure: 1. Interlaminar epidural steroid injection. 2. Epidurography L3-4 fluoroscopic interpretation no radiologist in attendance.

On November 14, 2011, the claimant had a follow-up evaluation who stated that she had two problems; she has bilateral sacroiliac joint dysfunction right greater than left as a result of transitional syndrome and leg complaints, which seemingly are worse. stated that the fusion was so long ago, that the sacroiliac joint dysfunction is what is causing her back complaints. That would need further investigation with diagnostic sacroiliac joint injections. For the leg complaints, he recommended a myelogram and post myelogram CT and an EMG/NCV of the lower extremities. On physical exam, stated she clearly showed positive FABERE 4, Gaenslen's, and femoral thrust, and had referred pain patterns into her groin.

On January 23, 2012, the claimant had a follow-up evaluation who reported that the claimant continued to have lumbosacral pain that radiated into her right lower extremity. She used her spinal cord stimulator 8 to 12 hours a day, primarily at night to help her sleep. She manages her pain with Norco, Restoril, and Neurontin. Despite this, she continues to have right-sided pain consistent with right SI joint pain. Her pain ranges from 6/10 to 8/10. On exam, she had decreased range of motion of her lumbar spine with forward flexion. She had difficulty going from sitting to standing due to pain and stiffness. She had positive point tenderness over her right SI joint. It caused pain to radiate into her buttock and right posterior thigh. She had a positive FABERE 4 over her right SI joint. She also had a positive FABERE 4 over her left SI joint. This was while lying on the exam table. She needed help getting onto the exam table due to her pain and discomfort. She had a negative straight leg raise of her left and a positive straight leg raise of her right. Pain radiated from her right-sided lumbosacral region into her buttock and just above her knee. Motor and sensation was intact. She had a slow normal antalgic gait. Diagnosis: Worsening right sacroiliac joint dysfunction, bilateral lumbar radicular syndrome status post a fusion L4 to the sacrum, failed back surgery syndrome with a spinal cord stimulator, and probable left sacroiliac joint dysfunction as well. Plan: Proceed with a right SI joint injection to be done with steroid.

On April 4, 2012, Operative Report. Postoperative Diagnosis: Bilateral sacroiliac joint dysfunction with in this case because this is a Workmen's Compensation injury, has only been scheduled as a diagnostic and therapeutic injection to the right and right-sided SI joint arthrography. This is a patient with chronic pain syndrome, status post spinal cord stimulator use for lower extremity dysfunction, following previous instrumented fusion. She has a fusion to the sacrum and a multiply operated low back. Procedure: 1. Right-sided SI joint arthrography, with fluoroscopic interpretation. No radiologist in attendance. 2. Right SI joint injection using anesthetic solution only as a diagnostic approach sine the patient is a somewhat brittle asthmatic and uses steroids and preferred not to have me use steroids in the preparation.

On August 9, 2012, the claimant had a follow-up evaluation who reported she was pursuing a more permanent solution. She had undergone several SI joint

injections with significant relief; however, the relief was temporary. She had exhausted all conservative treatments and was reporting she was unable to complete her activities of daily living without pain. The pain level was ranging from a 6-8/10 and was using Hydrocodone and Neurontin, both needed to be increased. At that point, they entered into discussion of SI joint fusion as an option.

On January 16, 2013, the claimant had a follow-up evaluation who reported that in their medical opinion a right SI joint rhizotomy would be a more permanent solution, but that multiple requests had been denied. On examination her gait was antalgic to the right. Lumbar range of motion was painful. Spinous processes were non-tender. Straight leg raises were normal bilaterally. Fortin Finger Test was positive to the right. Gillet Test was positive to the right. Yeoman's Test was positive to the right and Faber Test was positive to the right. Plan: Request a repeat right SI joint injection with steroid. Continue with Lodine 500 mg, Norco 10/325 and Neurontin 600 mg.

On February 6, 2013, Operative Report, Postoperative Diagnosis: 1. Low back pain. 2. Sacroiliac joint dysfunction. Procedure: 1. Right sacroiliac joint injection. 2. Fluoroscopic guidance for needle placement.

On March 18, 2013, the claimant had a follow-up evaluation who reported approximately 70% decrease in pain following the right SI joint injection. She reported increasing pain along her lumbar spine, in particular, above her 360 fusion ant L4-5-S1. Although relief from the SI joint injection, they believed a rhizotomy of her SI joint would provide long term relief, or perhaps an ESI at L3-4 bilaterally should be considered. Her pain was rated a 7-8/10, the worse in years and she complained of worsening bilateral lower extremity radiculopathy.

On May 29, 2013, Operative Report, Postoperative Diagnosis: Failed back surgery syndrome, status post L4 to the sacrum 360 fusion. Right low back pain, status post implantation of spinal cord stimulator, Medtronic unit, 202; revision battery 2005. The patient has used it intermittently. The patient indicates it is ineffectual really in treating the right leg pain; it is not getting appropriate coverage. I discussed with her the necessity to revise that with yet another lead for the right side. Procedure: 1. Transforaminal epidural steroid injection L3-4 on the right. 2. Epidurography, with fluoroscopic interpretation, no radiologist in attendance. 3. Exiting L4 neurography, with fluoroscopic interpretation, no radiologist in attendance. 4. Injection of 2 mL of betamethasone, 6 mg/mL, with the use of preservative, and then 3 mL of Xylocaine, preservative-free.

On August 19, 2013, the claimant had a follow-up evaluation to go over CT results. reported that it basically looked to have a spot, a very, very small area of the right sacroiliac joint, in its most inferior portion, that actually looked to be fused. recommended removing the battery. He also stated the claimant reported that her leg pain was worse than her buttock pain and that the SI joint injection affected the proximal pain in her lower back and upper buttock, but did nothing to effectively relieve the leg pain.

On December 17, 2013, Operative Report, Postoperative Diagnosis: Depleted corroded battery. Enough corrosive condition to render the left lead incapable of carrying a charge. The left lead, however on intraoperative testing, proved to be just fine with exception that we could not use the zero contact or the most proximal contact because it was displaced too far out laterally and giving the patient stomach stimulation. However, using the 2nd, 3rd, and 4th lead from top down gave her complete coverage. Procedure: 1. Intraoperative trial of both leads found to be compliant. 2. Removal and replacement of the existing Synergy, which was corroded and depleted, with an Itrel Restore sensor rechargeable.

On January 20, 2014, the claimant had a follow-up evaluation. ordered a bone density scan. The last one had been done in the 1990s and apparently, had mentioned something on her x-ray.

On January 29, 2014, UR. Rationale for Denial: Official Disability Guidelines states bone densitometry 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. The submitted documentation did not provide a rationale for the requested study. As such, the request for bone density study is non-certified.

On February 21, 2014, UR. Rationale for Denial: The recent medical record dated 01/20/14 indicates that the patient had a bone density done in the 1990s but details were not submitted for review. She complained of low back and right leg pain. While the patient complains of low back pain, the records submitted for review did not contain specific clinical and radiographic findings suggestive of osteoporosis to warrant the diagnostic test. Also, there was no evidence in the medical reports submitted that the patient is undergoing treatment for osteoporosis. In agreement with the previous determination, the medical necessity of the request has not been substantiated.

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

The previous adverse determinations are upheld. There is no indication in the medical records why a Bone Density Study is necessary. The request for the study was only mentioned in the medical report on January 20, 2014 and the only rationale provided was that the claimant's last one was done in the 1990s. There are no radiographic findings provided that are suggestive of osteoporosis, nor was there any mention she had been undergoing treatment for osteoporosis. Therefore, the request for Bone Density Study 78350 is not found to be medically necessary at this time.

PER ODG:

Bone densitometry	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
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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. ([NOF, 2010](#)) ([BWC, 2004](#))

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

- ACOEM- AMERICAN 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)**