

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: bone density study DEXA

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for bone density study DEXA is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury to her low back. MRI of the lumbar spine dated 10/15/10 revealed previous left sided laminectomy at L5-S1 at L5 and L5-S1 fusion. Degenerative disc disease with facet osteoarthritis was identified with moderate spinal stenosis at L4-5. The operative report dated 01/04/11 indicated the patient undergoing epidural steroid injection. The operative report dated 02/18/14 indicated the patient undergoing sacroiliac joint block. A clinical note dated 05/12/14 indicated the patient rating low back pain 8/10. The patient reported three week period of relief following the most recent injection. However the patient reported recurrence of pain. The patient utilized Norco and tramadol for pain relief. A clinical note dated 07/09/14 indicated the patient demonstrating 4/5 strength at left EHL 5/5 strength at left EHL was kind of weird all right 5/5 strength at left EHL. Sensation was abnormal at L4, L5, and S1 dermatomes on the left. A clinical note dated 07/21/14 indicated the patient having positive Faber, Gaenslen, and femoral thrust test and positive Fortin test. The patient stated the pain exacerbated by her attempting to roll over in bed. The patient was recommended for DEXA bone scan. The utilization review dated 07/25/14 resulted in denial for DEXA bone scan as no information was submitted regarding the how the DEXA bone scan would affect treatment plan.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient complained of a long history of low back pain. The patient has provocative findings consistent with sacroiliac joint involvement. A DEXA bone scan is indicated for patients with findings consistent with bone infection, cancer, or arthritis. No information was submitted regarding findings consistent with infection or cancer. However, there is an early imaging study regarding mention the osteoarthritis. However, no information was submitted regarding the expected treatment plan manipulated by results of the DEXA bone scan itself. Therefore, it is unclear if the patient would benefit from the proposed test. As such, it is the opinion of this reviewer that the request for bone density study DEXA is not recommended as medically necessary.

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)