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| <b>Case Number:</b>   | CM13-0013501 |                              |            |
| <b>Date Assigned:</b> | 09/26/2013   | <b>Date of Injury:</b>       | 05/16/2012 |
| <b>Decision Date:</b> | 01/23/2014   | <b>UR Denial Date:</b>       | 08/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services.

### 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 pt. is a 44-year-old with a history of injury to the lower back 5/16/12. An MRI 10/12 revealed mild disc bulges w/o nerve impingement in the lumbar spine. He has received PT (physical therapy) and NSAIDS (non-steroidal anti-inflammatory drugs). On a visit to MD 7/25/13, the patient complained of increasing low back pain with occasional radiation to left hip. Reflexes, motor strength, sensation, vascular examination and SLR tests were normal in spine and lower extremities. The diagnosis was chronic lumbar myofascial strain/sprain. A bone scan was ordered to rule out stress fractures or rheum disease. UR denied this request 8/9/13. An appeal was made 9/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A three-phase bone scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Bone Scan Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back and Neck Pain: Comprehensive Diagnosis and Management, by David Borenstein and others, 3rd ed 2004, Chapter 7, pages 154-155.

**Decision rationale:** The Physician Reviewer's decision rationale: The reference above states that uses of a bone scan include r/o metastatic dz, paget's dz, bone infarction, spondyloarthropathy,

renal osteodystrophy, septic arthritis primary hyperparathyroidism and stress fractures. The patient's chart from 7/25/13 does not document any history or examination to suggest a reason to consider a rheum disease or stress fracture. The request for a three-phase bone scan of the lumbar spine is not medically necessary or appropriate.