MAXIMUS Federal Services

Case Number:	CM13-0018032		
Date Assigned:	12/11/2013	Date of Injury:	10/07/2002
Decision Date:	01/15/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 7, 2002. Finally, in an August 5, 2013 progress note, the attending provider states that he is ordering CT scanning to evaluate the facet joints of the thoracic spine and a bone scan to also check the facets or disks. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of epidural steroid injections; spinal cord stimulator implantation; MRI imaging of the lumbar spine of 2005, notable for moderate-to-severe neuroforaminal in the L5-S1; the apparent imposition of permanent work restrictions which have resulted in the applicant's removal from the workplace; a thoracic spine plain film of August 5, 2013, apparently notable for acceptable placement of the spinal cord stimulator lead; and extensive periods of time off of work. In a Utilization Review Report of August 21, 2013, the claims administrator denied a request for bone scan and a CT scan, incidentally, the applicant's medical history is notable for weight loss, seizures, and paralysis. The applicant later appealed, on August 26, 2013. A later note of October 23, 2013 is notable for comments that the applicant is having heightened pain. The applicant underwent revision of spinal cord stimulator lead surgery in 2010. The applicant is having pain at the site of the insertion where the wires went in. The applicant worries that there may be a broken lead of some kind. He reports 9-10/10 pain. Scars of the previous anterior cervical discectomy and fusion are appreciated on exam with scars over spinal cord stimulator insertion site and mid back. A battery/power pack is in place. The applicant is very tender over the site of the spinal cord stimulator. He is anxious and frustrated. He is asked to stay active. An earlier note of September 25

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bone scan/SPECT study 3 dimensional images between 8/5/2013 and 10/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182 and 177-178, 61 and 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8.

Decision rationale: As noted in MTUS-adopted ACOEM guidelines in Chapter 8 Table 8-8, bone scanning can be employed to detect tumor or infection if suspected. In this case, however, the attending provider has stated that he does not suspect tumor or infection. Rather, the attending provider stated that he suspects bony degeneration or facet arthropathy. This is not ACOEM-endorsed indication for pursuit of a bone scan. Therefore, the original Utilization Review Decision is upheld. The request remains non-certified, on independent medical review.

One (1) CT study of the thoracic region between 8/5/2013 and 10/20/2013: 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, Lumbar and Thoracic, Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8.

Decision rationale: Again, as noted in the MTUS-adopted ACOEM guidelines in Chapter 8 Table 8-8, MRI and/or CT scanning can be employed to validate a diagnosis of nerve root compromise in preparation for an invasive procedure or to evaluate for a red flag diagnosis such as cancer, infection, trauma, etc. In this case, however, none of the aforementioned diagnoses are on the differential. The attending provider states that he intends the CT scan to be performed for the purpose of evaluating the extent of the applicant's disk degeneration and/or facet arthropathy. This is not an ACOEM-endorsed indication. It is noted that the CT scan could possibly be supported if the attending provider felt that there was some evidence of spinal cord stimulator lead disruption not evident on x-rays. However, the attending provider has stated that that is not the case and that he believes that the spinal cord stimulator lead is intact, indwelling, and appropriately placed in position. For all of these reasons, then, the request remains non-certified, on independent medical review.