

Case Number:	CM13-0046236		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2002
Decision Date:	04/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of the [REDACTED] and has filed a claim for lumbar discogenic pain associated with an industrial injury date of July 30, 2002. Utilization review from October 29, 2013 denied the request for whole-body bone scan, SPECT scan, and CT of fusion due to no evidence to support a diagnosis of ulcer myelitis, inflammatory arthropathies, and fractures as well as no indication of an inciting factor. Treatment to date has included spinal cord stimulator, lumbar fusion, lumbar discectomy, decompressive laminotomy, lumbar ESI, and pain medications. Final Determination Letter for IMR Case Number [REDACTED] Medical records from 2012 through 2013 were reviewed showing the patient complaining of back pain with radiation to the left buttock area to the left lower extremity. The back pain apparently started after awakening to it one morning in October 2013. The pain level was noted to be at 8/10. Physical exam demonstrated decreased sensation to pinprick over the L4 and L5 dermatomes on the right. A whole-body bone scan is being requested to help detect an occult fracture or inflammation of the facet joints; there is also discussion concerning possible osteomyelitic infection due to instrumentation in the past. The patient has had a whole-body bone scan previously in March 2013, which was normal. An MRI scan from January 2013 demonstrated mild to moderate disk degeneration at L4-L5 with mild bilateral L4-L5 foraminal encroachment and mild bilateral recess stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHOLE BODY SCAN, SPECT SCAN AND CT OF FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61,309.

Decision rationale: Page 309 of the CA MTUS ACOEM Low Back Chapter states that bone scanning is not recommended for routine use in low back pain patients; use is recommended for complaints that have not result for one month for the detection of fractures and osteomyelitis. Pages 303-304 of the California MTUS ACOEM Low Back Chapter states that CT scans of the lumbar spine are recommended for patients who have not responded to treatment and are being considered for surgery. In this case, the patient had a previous MRI scan of the lumbar spine which did not provide any significant findings. The patient complained of waking up to 8/10 back pain with no associated events. The recent history and physical exam did not elaborate on this acute event; the physical exam demonstrated decreased sensation to the left lower extremity however, this has been present since earlier in 2013. Osteomyelitis is being entertained; however, there was no mention of any other signs or symptoms that support a diagnosis of osteomyelitis other than previous instrumentation. In addition, both scans are not for routine use; there were no radiograph results in the most recent progress notes. The patient is not being considered for surgery nor has there been any documentation concerning conservative therapy modalities that have been tried. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for whole body scan, SPECT scan, and CT of fusion is not medically necessary.