

Case Number:	CM13-0061722		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2008
Decision Date:	04/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Practice, 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. 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 a 51-year-old female that reported an injury on 05/07/2008. The mechanism of injury was the patient being pulled to the ground by a student. The patient sustained an injury to her neck, low back and right shoulder. The medications listed are soma, Ambien and Lidoderm patch 5%. In the clinical notes dated 10/16/2013, the patient complained of deep and dull pain in the lumbar region that was constant. The patient had a L4-5 decompression and right L4-5 dissection on 01/06/2012 with pain relief noted for 6 months. The patient complains of pain constant in the lumbar region with pain that radiates to the right leg with noted numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of spine one or more sites single photon, quantity one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM states that bone Scans are recommended if no improvement after 1 month, bone scan if tumor or infection possible. The criteria for ordering imaging studies

are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction. The documentation provided gives no specifics to which part of the spine is to be scanned or the density test done at. The documentation provided give no list of medications, and states that the patient has not had any physical therapy since her back surgery. Therefore the request for the Bone Scan is non-certified.

Bone density study one or more sites; dual photon absorptiometry, quantity one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM states that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction. The documentation provided gives no specifics to which "physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The documentation provided give no list of medications, and states that the patient has not had any physical therapy since her back surgery and is not specific to why the testing is recommended. Therefore the request for the Bone Scan is non-certified.