

Case Number:	CM14-0000167		
Date Assigned:	05/14/2014	Date of Injury:	11/05/2002
Decision Date:	07/14/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 a 57-year-old female who has submitted a claim for Lumbosacral Sprain, Degeneration of Lumbar or Lumbosacral Intervertebral Disc, Lumbosacral Spondylosis without Myelopathy, Thoracic or Lumbosacral Neuritis or Radiculitis, and Post-laminectomy Syndrome of Lumbar Region, associated with an industrial injury date of November 5, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic back pain. On physical examination, the patient was noted to be using a walker for ambulation. Examination of the musculoskeletal exam revealed normal findings. Passive thoracolumbar spine range of motion was normal. Neurological examination was also unremarkable. X-ray of the thoracic spine dated October 17, 2013 revealed degenerative disc disease in the lower cervical spine, upper thoracic, and mid thoracic spine. X-ray of the lumbar spine dated October 17, 2013 revealed an old vertebroplasty at L1 with 30-40% anterior wedge compression fracture at L1 - old. Thoracic and lumbar spine radiographs dated October 24, 2013 identified no acute fracture and an old stable compression deformity involving L1. Treatment to date has included medications, low back surgeries, bilateral shoulder surgeries, bilateral carpal tunnel repair, left greater trochanteric bursa injection, spinal cord stimulator implant, sacroiliac joint injection, right elbow injection, TENS (transcutaneous electrical nerve stimulation) unit, and lumbar medial branch facet rhizotomy. Utilization review from December 19, 2013 denied the request for bone scan - rule out thoracolumbar compression fracture because it was not evident how treatment management will change and the cited guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN- RULE OUT THORACO-LUMBAR FRACTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone Scan.

Decision rationale: CA MTUS does not specifically address bone scan. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bone scan is not recommended except for bone infection, cancer, or arthritis. In this case, the request for bone scan was made to rule out thoracolumbar compression fracture secondary to repeated falls and increased mid low back pain for 12 months. However, recent thoracolumbar radiographs were already performed, which showed no evidence of acute fracture. There was also no discussion regarding the indication for a bone scan despite the presence of the aforementioned radiographic findings. The request for a bone scan to rule out thoraco-lumbar fracture is not medically necessary or appropriate.