

Case Number:	CM14-0000229		
Date Assigned:	09/03/2014	Date of Injury:	11/22/2013
Decision Date:	09/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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:

There were 16 pages provided for review. The application for independent medical review was signed on December 31, 2013. The request was for a bone scan. There was a certification on the physical therapy, but a non-certification on the bone scan. The patient had improvement of pain with medicine mainly tramadol and diclofenac. There was persistent decreased range of motion due to spasm and pain with examination showing painful flexion and bending to the right and restricted extension and bending to the left. There were no neurological deficits. He was a 56-year-old male injured on November 22, 2013. He had back pain with the use of medicines. Prior treatment has included lumbar support, ice, diclofenac and tramadol. This patient sustained a low back injury leading to a lumbar strain and presents with localized symptoms of the lumbar spine or spinal area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back, Bone Scans.

Decision rationale: Regarding bones scans, the ODG notes they are under study for Chronic Regional Pain Syndrome (CRPS) evaluation. There may be changes seen in a bone scan in CRPS, including distinctive patterns of radiotracer uptake. A negative bone scan does not rule out CRPS. The clinical utility of bone scan in CRPS has not been proven in high quality studies, but three-phase nuclear medicine bone scans may help diagnose CRPS. (Horowitz, 2007).The ODG also notes regarding bone scans that they are not recommended, except for bone infection, cancer, or arthritis. I did not find any documentation that CRPS, bone infection, cancer or arthritis were clinical concerns in this case. Also, they are 'under study' for the CRPS. The request for Bone Scan is not medically necessary.