

Case Number:	CM14-0007514		
Date Assigned:	02/10/2014	Date of Injury:	09/12/2012
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2012. Thus far, the applicant has been treated with analgesic medication, attorney representation; transfer of care to and from various providers in various specialties, muscle relaxants, epidural steroid injection therapy and work restrictions. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for bone scanning, citing non-MTUS ODG Guidelines, although the MTUS, through ACOEM, did address the topic. The applicant's attorney subsequently appealed. A follow-up visit was also denied. Again, although the MTUS, through ACOEM, did address the topic of follow-up visits, the claims administrator nevertheless cited non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A subsequent note of January 24, 2014 was notable for comments that the applicant reported persistent 6-7/10 mid and low back pain. The applicant had diminished lumbar range of motion, lumbar tenderness, and lumbar paraspinal tenderness with intact lower extremity sensorium. Diskography and work restrictions were endorsed. An earlier note of January 3, 2014 was notable for comments that the applicant reported persistent 6-7/10 pain. The applicant was again described as considering diskography. The applicant's medications included Norco, Tramadol, Naprosyn, Flexeril, Neurontin, Protonix, and Mentherm. Work restrictions were again endorsed. In a spine surgery note of January 3, 2014, the attending provider noted that the applicant reported persistent low back pain radiating into right leg. The applicant was having difficulty sleeping comfortably, it was stated. It was stated that the applicant was working full time on modified duty. The applicant had 4+/5 right lower extremity strength versus 5/5 left lower extremity strength, it was stated. It was stated that the applicant should obtain diskography to determine if

he is a candidate for spine surgery or not. Multiple medications were refilled. Authorization was sought for a bone scan. No rationale for the bone scan was provided, however.

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 ODG Low Back Chapter, Bone Scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311, states that bone scanning can be considered in applicants in whom cancer or infection are suspected, in this case, however, there is no seeming mention of cancer or infection being suspected as likely diagnostic considerations. Rather, the bulk of the information suggests that the applicant has chronic low back pain with superimposed right lower extremity radiculopathy. There is no clearly voiced suspicion of fracture or infections for which bone scanning would be indicated. Therefore, the request is not medically necessary.

FOLLOW UP AFTER THE BONE SCAN: 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 MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 12, FOLLWUP VISITS SECTION; ALGORITHM 12-1, PAGE 303 AND PAGE 311

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary