

Case Number:	CM14-0105209		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2005
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old male was reportedly injured on November 3, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 27, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine revealed a mass effect on the left side of the L5 vertebrae. There was facet joint arthropathy at L4-L5 and L5-S1. Previous treatment included physical therapy. A request had been made for a SPECT scan of the lumbar spine and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT scan of the lumbar spine: 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 procedure summary.

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 - Lumbar and Thoracic, SPECT (Single Photon Emission Computed Tomography), Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a Single Photon Emission Computed Tomography (SPECT) scan is not recommended for general use for back pain. It was stated that the decision to use a SPECT scan in most patients with low back pain cannot be supported by clinical trials. It is under study and is a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The injured employee has already had a lumbar spine MRI with findings of a left-sided pars defect at L5. For these reasons, this request for a SPECT scan of the lumbar spine is not medically necessary.