

Case Number:	CM14-0113755		
Date Assigned:	09/22/2014	Date of Injury:	12/07/2011
Decision Date:	11/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic Surgery 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 80 years old female claimant with an industrial injury dated 12/07/11. The patient is status post steroid injection dated 05/29/14 providing little pain relief. Exam note 06/26/14 states the patient returns with moderate low back pain radiating down the left leg to the calf. Upon physical exam the patient had tenderness surrounding the lumbar paravertebral musculature. The patient demonstrated a restricted range of motion due to pain. The straight leg raise test was positive on the left. The patient had decreased sensation in the left L5 and S1 dermatomes. MRI reveals grade 1 anterolisthesis at L4-5 and L5-S1 with severe disc degeneration and grade 1 retrolisthesis at T12-L1. Diagnosis is noted as a lumbar strain with radicular components. Treatment includes a bone density scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone density scan of back to rule out osteoporosis: 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/ACOEM is silent on the issue of bone scan. According to ODG, Low Back, Bone Scan, "Not recommended, except for bone infection, cancer, or arthritis. [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan.] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma." In this case there is lack of evidence in the records from 6/26/14 to warrant a bone scan. Therefore the determination is not medically necessary.