

Case Number:	CM14-0139480		
Date Assigned:	09/05/2014	Date of Injury:	12/13/2013
Decision Date:	11/04/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 low back pain reportedly associated with an industrial injury of December 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid and non-opioid agents; unspecified amounts of physical therapy; epidural steroid injection therapy; and several months off of work. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for nuclear medicine bone scanning of the lumbar spine, invoking non-MTUS ODG Guidelines on the same, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a March 26, 2014 progress note, the applicant was placed off of work, on total temporary disability. 9/10 pain was reported. The applicant had no neurologic deficits, it was incidentally noted. The applicant underwent epidural steroid injection therapy on March 17, 2014 for reported lumbar radiculopathy. On August 4, 2014, the applicant consulted an orthopedist, noting persistent complaints of low back pain radiating into the bilateral thighs. The applicant was not working, despite ongoing usage of Norco and Motrin. The applicant apparently had tenderness about the sacroiliac joint. The attending provider suggested pursuit of a bone scan to help localize an underlying area of degenerative arthritis. Norco and Motrin were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan (SPECT) 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, Bone Scan

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Algorithm 12-1, page 311..

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 12, Algorithm 12-1, page 311 do note that bone scanning could be considered in applicants in whom cancer or infection is suspected, in this case, however, there was no mention of any red flags, cancer, and/or infection present here. The attending provider stated that the bone scan in question was being sought to search for degenerative arthritis and/or to target an area for sacroiliac joint injections. This is not an ACOEM-endorsed role for nuclear medicine bone scanning. Therefore, the request is not medically necessary.