

Case Number:	CM14-0023053		
Date Assigned:	05/14/2014	Date of Injury:	08/05/2011
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 patient is a 37 y/o female, DOI 8/5/11. She is treated for chronic low back pain which has included a diagnosis of sacroiliac (SI) pain. This diagnosis appears to have been based on the findings of tenderness over the SI joint. Specific exam findings for SI joint dysfunction are negative. MRI scanning of the SI joints is benign. Electrodiagnostics of the lower extremity are negative. SI joint injections have been performed X's 2 with a flare of symptoms. Current treatment consists of multiple oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

TECHNETIUM BONE SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nuclear medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis acute and chronic, Bone Scan.

Decision rationale: There is no documentation supporting a technetium scan to look for sacroiliac joint inflammation. Current exam findings do not support this diagnosis, a recent MRI rules out this diagnosis and the results of prior injections were not beneficial. In addition, the

patient is not a candidate for further invasive interventions to the joints. MTUS guidelines do not address this issue in adequate detail. Official Disability Guidelines (ODG) guidelines address this issue and specifically state that if MRI testing is negative there is no reason to perform bone scanning.