MAXIMUS Federal Services

Case Number:	CM14-0035415		
Date Assigned:	06/23/2014	Date of Injury:	03/07/2011
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old female who reported an injury on 03/07/2011. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be physiotherapy, chiropractic care, exercise rehabilitation, myofascial release, and joint mobility therapy. The injured worker's diagnoses were noted to be right knee degenerative joint disease; status post right total knee arthroplasty; leg length discrepancy 1 cm; left leg radiculopathy; severe facet arthropathy at L4-5; and grade 1 spondylolisthesis at L4-5. The injured worker had a clinical evaluation on 05/21/2014. The injured worker had complaints of low back pain with numbness in the upper buttocks, and pain radiating down the bilateral posterior thighs, ending at the knees, rated at 8/10. The objective findings stated no evidence of scoliosis and there was normal lordosis. The physical examination continues with palpation over the paravertebral muscles, no tenderness noted bilaterally. There was no evidence of tenderness over the sacroiliac joints bilaterally. There was no tenderness over the sciatic notches. There was no tenderness over the flanks, bilaterally and no tenderness over the coccyx. The injured worker had mildly decreased sensation over the right L3 dermatome distribution. It was noted that reflexes and motor strength was in normal limits, straight leg raise was positive on the right at 80 degrees. Treatments included at the time of exam included myofascial release. The provider's rationale for the requested full body bone scan was not provided within the documentation. The Request for Authorization for medical treatment was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Bone Scan (imaging).

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: The request for a whole body bone scan is not medically necessary. The Official Disability Guidelines do not recommend a bone scan except for bone infection, cancer, or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastasis, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. The injured worker's clinical evaluation does not indicate cancer, arthritis, or any suspicion of bone infection. In addition, there is no indication in the clinical evaluation of any significant fracture or significant bone trauma. Therefore, the request for a whole body bone scan is not medically necessary.