

Case Number:	CM14-0035546		
Date Assigned:	06/23/2014	Date of Injury:	01/17/2011
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 01/17/2011. The mechanism of injury was not provided for clinical review. The diagnoses included cervical myoligamentous sprain/strain with radicular complaints, lumbar spine discopathy, stenosis, and stress/anxiety. Previous treatments included surgery and medication. Within the clinical note dated 01/07/2013, reportedly, the injured worker complained of intermittent moderate neck pain which was worse with overhead activity and strenuous movement. He complained of intermittent moderate low back pain which was worse with prolonged standing or walking. Upon the physical examination of the cervical spine, the provider noted tenderness to palpation of the paracervical and trapezius muscles. He indicated the injured worker had muscle spasms. The injured worker had restricted range of motion due to complaints and discomfort and pain. Upon examination of the lumbar spine, the provider noted tenderness to palpation of the paralumbar musculature with tenderness at the midline thoracolumbar junction over the level of L4-S1 facets and left greater sciatic notch. He indicated the injured worker had muscle spasms. The injured worker had restrictive range of motion due to complaints and discomfort in the lumbar spine. The provider requested a whole body bone scan with computed tomography, fusion of the lumbar spine. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHOLE BODY BONE SCAN WITH COMPUTED TOMOGRAPHY (CT) FUSION 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, computed tomography.

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 whole body scan with computed tomography, fusion of the lumbar spine is not medically necessary. The injured worker complained of intermittent moderate neck pain which was worse with overhead activities and strenuous movements. He complained of intermittent moderate low back pain which was worse with prolonged standing or walking. The Official Disability Guidelines do not recommend bone scans, except for bone infection, cancer, or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake to check metastasis, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. There is lack of documentation indicating the injured worker is treated for or diagnosed with a bone infection, cancer, or arthritis. There is lack of documentation warranting the medical necessity for a whole body bone scan. Therefore, the request for a whole body bone scan with computed tomography for fusion of the lumbar spine is not medically necessary.