

Case Number:	CM14-0062266		
Date Assigned:	07/11/2014	Date of Injury:	02/27/2012
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord 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 sustained a slip and fall work injury on 02/27/13 while working as a dental assistant. She underwent an instrumented lumbar fusion on 01/24/13. She was seen by the requesting provider on 02/06/14. She had returned to work and was doing significant walking. She was having low back pain rated at 3/10. Tramadol was prescribed and a CT scan of the lumbar spine was ordered to evaluate her lumbar fusion. Work restrictions were continued. According to the CT scan of the lumbar spine on 03/27/14, it shows the lumbar fusion hardware to be intact. On 04/03/14 the patient was having low back pain. The assessment references the CT scan as confirming the presence of a possible failed fusion at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single-photon Emission Computerized Tomography (SPECT) Bone Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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 - Lumbar & Thoracic (Acute & Chronic), SPECT (single photon emission computed tomography).

Decision rationale: The patient is status post work-related injury as described above and has undergone a lumbar spinal fusion without apparent complication. A SPECT scan is not recommended for general use in back pain. This test is under study as screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. In this case, the report of the post-operative CT scan recently obtained does not mention any evidence of failure of the patient's fusion. There are other tests including flexion/extension x-rays of the lumbar spine that could be utilized in further assessing her condition. Therefore, the request for single-photon emission computerized tomography (SPECT) bone scan of the lumbar spine is not medically necessary.