

Case Number:	CM14-0067656		
Date Assigned:	07/11/2014	Date of Injury:	08/13/2004
Decision Date:	08/20/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 62 year old female who was injured on 08/13/2004 by an unknown mechanism of injury. The patient underwent a left knee arthroscopy and extensive intra-articular shaving, left knee patellofemoral chondroplasty; left knee partial medial meniscectomy involving 25% of the posterior horn and body of the meniscus on 01/14/2014. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/08/2014 revealed a 2 mm bulge at levels L2-3; L3-L4 and a 1-2 mm bulge at L4-L5. At the L5-S1 level, there is a 2 mm broad based disc bulge encroaching into the inferior recesses of bilateral neural foramina causing minimal bilateral neural foraminal narrowing and bilateral hypertrophic facet degenerative changes. Electromyography (EMG) studies dated 01/31/2011 were normal. The Orthopedic progress note dated 12/18/2013 documented the patient has complaints of neck and lower back pain radiating down the left side into the leg. She has ongoing numbness and tingling in the left S1 distribution. Objective findings on exam revealed tenderness at the lumbosacral junction as well as superior iliac crest primarily on the left side. There is tenderness along the left sciatic notch. Motor strength testing is intact. She has a diagnosis of adjacent level arthrosis, C4-C5 and C6-C7; reflect tendinosis of the supraspinatus tendon left side as well as small tear of the superior labrum without tear of the attachment of the tendon of the long head of the bicep and spondylosis L5-S1 possibly also at L4-L5. She is recommended for MRI scan of the lumbar spine as well as Spect CT of the lumbar spine to determine the next treatment options. Prior utilization review dated 04/11/2014 states the requests for Lumbar Spine CT without Contrast, Bone Scan with Spect Tech of the Lumbar Spine are denied as there was nothing indicated on exam to suggest nerve compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine CT without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT.

Decision rationale: According to MTUS and Official Disability Guidelines, a Lumbar CT may be indicated when an MRI is contraindicated. In this case a Lumbar CT is requested. The patient has chronic low back pain with tenderness and decreased range of motion on examination without findings of radiculopathy. The lumbar MRI on 2/8/14 showed mild degenerative disc disease and mild spondylosis. There was no evidence of nerve compromise. History and examination findings do not support the need for additional testing. Therefore, the request for the lumbar spine CT without contrast is not medically necessary.

Bone Scan with SPECT Tech of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to Official Disability Guidelines, a bone scan may be indicated where there is absence of access to MRI imaging. In this case a bone scan is requested. The patient has chronic low back pain with tenderness and decreased range of motion on examination without findings of radiculopathy. Lumbar MRI on 2/8/14 showed mild degenerative disc disease and mild spondylosis. There was no evidence of nerve compromise. History and examination findings do not support the need for additional testing. Therefore, the request for the bone scan with Spect Tech of the lumbar spine is not medically necessary.