

Case Number:	CM14-0070599		
Date Assigned:	07/14/2014	Date of Injury:	06/15/2008
Decision Date:	08/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 Orthopedic Surgery, 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:

This 37-year-old male correctional officer sustained an industrial injury on 6/15/08. Injury occurred when the patient was jumped by an inmate. The 3/23/13 lumbar MRI impression documented possible chronic left L5 pars defect without any associated bone marrow edema, left L5/S1 posterolateral disc protrusion abutting the exiting left L5 nerve root, and L4/5 disc protrusion causing mild spinal canal stenosis and mild lateral recess narrowing. Conservative treatment had included medications, physical therapy and epidural steroid injections. The 4/9/14 spine surgery consult report cited severe low back pain and spasms, and lower extremity weakness and numbness. The patient reported his foot drags, his leg gives out, and his feet and toes were numb and tingling. The patient could not localize the distribution of pain, and reported his leg shakes and jerks. Review of the MRI showed L4/5 degenerative disc disease with decreased disc height and progressive black disc phenomenon with bulging. There was no significant foraminal narrowing. Physical exam documented normal alignment, relatively normal range of motion, 5/5 motor in all extremities, decreased left L4, L5, and S1 dermatomal sensation, and normal deep tendon reflexes with no evidence of myelopathy. Straight leg raise caused severe lumbar spasms at 15 degrees. The provider opined the patient was a poor surgical candidate as there was no significant root impingement per his reading of the MRI. Recommendations included EMG/NCV, lumbar myelogram and CT scan to evaluate the nerve roots and a bone scan to look for sources of inflammation. The 5/9/14 utilization review certified a request for lumbar spine CT scan. Requests for nuclear medicine whole body bone scan and lumbar CT myelogram were not granted. There was no imaging evidence of arthritis, tumor or infection or clinical findings consistent with tumor, infection or inflammatory arthritis to warrant a bone scan. The CT myelogram was denied, as it was unlikely a contrast study would change any surgical planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Medicine bone scan, whole body: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 19th edition (2014 web) Lumbar Spine, Bone Scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines state that bone scanning is recommend for specific situations, including evaluations of suspected evaluations of suspected metastases, infected bone (osteomyelitis), inflammatory arthropathies, and trauma (fractures). Aside from specific indications which involve a minority of LBP patients, the routine use of bone scanning is not recommended in any lower back pain population. Guideline criteria have not been met. There is no evidence of red flag conditions on physical exam or imaging to support the medically necessary of bone scanning relative to tumor, infection, inflammatory arthritis, or fracture. Therefore, this request for Nuclear Medicine bone scan, whole body, is not medically necessary.

CT myelogram lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th edition(2014 web) Low Back section-CT (Computed Tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines state that CT myelography is recommended only in uncommon specific situations (e.g. implanted metal that preclude MRI, equivocal findings of disc herniation on MRI suspected of being false positives, spinal stenosis, and/or a post-surgical situation that requires myelography). Guideline criteria have not been met. MRI has been performed and the findings have not been suggested to be equivocal. A CT scan has been approved. The patient has not undergone prior surgery and surgery is not anticipated at this time. There is no imaging evidence or signs/symptoms suggestive of infection. Therefore, this request for CT myelogram lumbar spine with contrast is not medically necessary.