

<b>Case Number:</b>	CM14-0078916		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/16/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 45 year old female who reported an injury of unknown mechanism on 12/16/2005. On 04/14/2014, her diagnoses included post laminectomy syndrome, ongoing lumbar disc compromise at L5-S1 with low back pain which was facet related at L4-5 and L5-S1 with a recent exacerbation of symptoms due to sprain/strain. On 03/20/2014, her medications included Opana ER 30 mg, Naprelan 750 mg, Soma 350, Primlev 10/325 mg, and a series of Toradol injections. She was being prescribed a Medrol Dosepak. The treatment plan included obtaining an updated MRI and x-rays of her lumbar spine to rule out any significant reherniation or discogenic pathology. An MRI of the lumbar spine dated 02/27/2013 showed mild degenerative changes to the lumbosacral spine, L5-S1 intervertebral disc bulge with annular tear and mild facet arthropathy. The treatment plan on 04/14/2014 stated that this injured worker had no new significant discogenic pathology; however, due to ongoing clinical symptoms, the recommendation was to obtain a whole body bone scan. There was no Request for Authorization included in this injured worker's chart.

### 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 Official Disability Guidelines - Treatment of Workers Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** The request for whole body bone scan is not medically necessary. Per the California ACOEM Guidelines, bone scanning is not recommended for routine use in diagnosing low back pain. Bone scanning is a good diagnostic test for specific situations, including evaluations of suspected metastases, infected bone (osteomyelitis), inflammatory arthropathies, and trauma (fractures). There are no quality studies evaluating bone scans for diagnosis of typical occupational lower back pain in injured workers. There was no submitted documentation that the recommended updated MRI and x-rays of her lower back had ever taken place. The clinical information submitted failed to meet the evidence based guidelines for bone scans. Therefore, this request for whole body bone scan is not medically necessary.