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| Case Number: | CM14-0080371 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 10/27/2006 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 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 59 year-old patient sustained an injury on 10/27/06 while employed by [REDACTED]. Request under consideration include Nuclear Bone SPECT (Single Photon Emission Computed Tomography) Scan of the lumbar spine. Diagnoses include lumbar spinal stenosis. Report of 4/23/14 from the provider noted the patient with ongoing chronic low back pain despite multiple previous treatment modalities. Medications list Norco, Cyclobenzaprine. Conservative care has included physical therapy, medications, multiple injections and modified activities/rest. Exam indicated the patient ambulating with cane; neurological findings included normal motor strength, sensory and DTRs (Deep Tendon Reflexes). There was reported MRI of lumbar spine in 2012 that showed endplate edema at L5, S1 with disc space narrowing and spinal stenosis. The request for Nuclear Bone SPECT (Single Photon Emission Computed Tomography) Scan of the lumbar spine was non-certified on 5/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Bone SPECT (Single Photon Emission Computed Tomography) Scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Bone Scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone Scan, page 376.

Decision rationale: The ACOEM Treatment Guidelines for Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations supports radiographs and/or bone scans when red-flags conditions (i.e.infection, fracture, cancer) are suspected. The patient had an unremarkable for such etiology on Lumbar spine x-rays and MRI. Bone scans are not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if chronic pain persists. However, it may be appropriate when the physician believes it would aid in patient management when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are evidence; however, submitted clinical reports only noted lumbar exam with essentially intact neurological findings without report of new injury, acute flare-up, or red-flag conditions. There are no demonstrated acute findings of neurological deficits or change in clinical condition to warrant for the bone beyond guidelines criteria. Therefore, the request of Nuclear Bone SPECT (Single Photon Emission Computed Tomography) Scan of the lumbar spine is not medically necessary and appropriate.