

Case Number:	CM14-0093901		
Date Assigned:	07/25/2014	Date of Injury:	12/02/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Diagnostic Radiology 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 44 year old male who suffered a work related injury on 12/02/13. The patient complained of back pain without neurologic deficit and was evaluated in the ER. He was treated with medications and discharged in stable condition. The patient subsequently received conservative treatment including physical therapy and chiropractic treatment. According to the most recent medical report on 5/22/14, the patient continues to have mid and lower back pain. The medical record indicated a lumbar spine x-ray from 5/22/14 reveals a questionable compression of the T11 and L2 vertebral bodies. Based on these findings, a request is made for an MRI of the lumbar spine and nuclear SPECT bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear bone SPECT scan of the lumbar/thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

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, Bone Scan.

Decision rationale: The patient has a complaint of chronic mid and lower back pain from a work related injury and has failed conservative treatment. There is a question of possible fracture which requires further evaluation. According to the Official Disability Guidelines, a bone scan is not recommended, except for bone infection, cancer, or arthritis. There is no clinical suspicion for any of these according to the medical record. Also, there is no recommendation for the use of bone scan in the setting of trauma. Therefore, a nuclear bone SPECT scan is not medically necessary at this time.