

Case Number:	CM14-0097655		
Date Assigned:	07/25/2014	Date of Injury:	09/25/2010
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 36-year-old female who reported an injury on 09/26/2010. The mechanism of injury was not provided. On 05/20/2014, the injured worker presented with extreme back pain. The diagnosis was spondylosis and pain in limb. Upon examination, the injured worker had pain in the low back, right knee, and right ankle. She walked with a mild limp to the right leg. Prior therapy included chiropractic care, home exercise, and pain medications. The provider recommended a 3 phase bone scan for the lumbar spine, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Phase bone scan for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Official Disability Guidelines do not recommend a bone scan except for bone infection, cancer, or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. The injured worker does not have a diagnosis or symptoms congruent with the guidelines recommendations of a bone scan. As such, the request for three (3) Phase bone scan for Lumbar Spine is not medically necessary and appropriate.