

Case Number:	CM14-0029131		
Date Assigned:	06/04/2014	Date of Injury:	01/17/2011
Decision Date:	12/15/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 61 year old female, who sustained an industrial injury on 1-17-2011. The injured worker is undergoing treatment for lumbosacral spine disc syndrome with strain-sprain disorder and lumbosacral radiculopathy and chronic pain syndrome with idiopathic insomnia. Medical records dated 1-9-2014 indicates the injured worker complains of back pain. Physical exam dated 1-9-2014 notes antalgic gait, tenderness to palpation and spasm of lumbosacral area with decreased range of motion (ROM) and reduced bilateral straight leg raise. Treatment to date has included magnetic resonance imaging (MRI), electromyogram-nerve conduction study, surgery, bone growth stimulator, injection, medication and therapy. The original utilization review dated 1-31-2014 indicates the request for 1 three phase bone scan of the lumbar spine, as outpatient is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 THREE PHASE BONE SCAN OF THE LUMBAR SPINE, AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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- Lumbar & Thoracic: Bone scan.

Decision rationale: Bone scan is not recommended, except for bone infection, cancer, or arthritis. Bone scans use intravenous administration of tracer medications. In this case there is no diagnosis or suspicion of bone infection, cancer or arthritis. Medical necessity has not been established. The request should not be authorized.