

Case Number:	CM14-0211103		
Date Assigned:	12/23/2014	Date of Injury:	03/13/2007
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal Medicine, 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 injured worker (IW) is a 58-year-old man with a date of injury of March 13, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are pain in joint lower leg, and lumbar disc displacement without myelopathy. MRI of the lumbar spine dated January 10, 2014 showed acute anterior wedge compression fracture of the L2 vertebral body with edema and approximately 50% vertebral body loss. There is no retropulsion or extension into the thecal sac. At L4-L5, grade I degenerative anterolisthesis, 3 mm disc bulge with a high density zone/annular fissure and facet hypertrophy with mild bilateral neural foraminal narrowing. At L5-S1, there is a 2 mm right posterolateral disc protrusion. There is a possible right chronic L5 pars interarticularis fracture; can be better correlated for bony detail with a CT study. Pursuant to the progress note dated November 25, 2014, the IW is complaining of bilateral chronic knee pain. He is also complaining of more back pain as well. The provider reports that because of the L2 compression fracture picked up on MRI, a bone scan density study is requested. The documentation does not contain a description of the original injury. Documentation indicates the L2 compression fracture is a secondary finding. Examination of the lumbar spine reveals flexion at 40 degrees, extension at 10 degrees, and right and left lateral bending was measured to be 15 degrees. Straight leg raise test is negative. Lumbar spine spasm and guarding is noted. The current request is for a bone density scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone density 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 (ODG) - Treatment in Workers' Compensation, 2014 web-based edition and California MTUS guidelines, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape <http://emedicine.medscape.com/article/2109077-overview>, and on <http://www.mayoclinic.org/tests-procedures/bone-scan/basics/definition/prc-20020302>

Decision rationale: Pursuant to the Medscape (peer-reviewed guidelines), a bone scan is not medically necessary. Bone scans are not covered in the ACOEM and ODG and nuclear imaging test help diagnose and track several types of bone disease. Although a bone scan is for a sensitive to abnormalities in bone metabolism, is less helpful in determining the exact cause of the abnormality. In this case, the injured worker's working diagnoses are pain and joint lower leg; and lumbar disc displacement without myelopathy. The subject's subjective complaints, in an October 2014 progress note, revolve around the right knee and low back pain. The date of injury is March 2007. An MRI reportedly picked up an L-2 compression fracture. The treating physician is requesting a bone scan to evaluate the cause of the L-2 compression fracture. The documentation does not contain a description of the original injury. The utilization review provides a brief description that includes contusion left arm, bilateral knee sprain/strain, left hand and wrist. The documentation suggests the L-2 compression fracture was a secondary finding. A bone scan may or may not provide an underlying etiology, but the etiology is not causally related to the work injury based on the documentation. Consequently, absent clinical documentation suggesting a causal relationship of underlying bone to the work injury, a bone scan is not medically necessary.