

Case Number:	CM15-0003726		
Date Assigned:	01/14/2015	Date of Injury:	09/21/2009
Decision Date:	04/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 36-year-old male, who sustained an industrial injury on September 21, 2009. The injured worker has reported low back pain. The diagnoses have included low back pain, lumbar degenerative disc disease, lumbar radiculitis and lumbar disc pain. Treatment to date has included pain medications, physical therapy, heat, ice and rest. Current documentation dated December 5, 2014 notes that the injured worker reported low back pain and left leg pain, which was unchanged from the prior visit. Medications continue to help with the pain. The pain was rated an eight out of ten on the analog scale with medications. The pain is described as stabbing and aching. Associated symptoms include numbness and weakness of the left leg. Physical examination revealed an antalgic gait. Lumbar spine examination revealed tenderness, limited range of motion and diminished sensation in the left leg. On December 18, 2014 Utilization Review non-certified a request for a bone scan to the lumbar spine, pelvis and knees prior to back surgery. The Official Disability Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of a bone scan to the lumbar spine, pelvis and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of lumbar spine, pelvis, and knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment in Workers' Compensation/ Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bone scan | <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, bone scan not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month for Bone scan." (Bigos, 1999)] 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. There is no evidence that the patient is suffering from bone infection, cancer or arthritis. Therefore, the request is not medically necessary.