MAXIMUS Federal Services

Case Number:	CM15-0147478		
Date Assigned:	08/10/2015	Date of Injury:	06/04/2004
Decision Date:	09/04/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 68-year-old male who sustained an industrial injury on 6-4-04. In a chart note dated 7-1-15, the treating provider reports the injured worker has a history of multilevel vertebral compression fractures. He has an L1 through L5 posterior instrumentation fusion. He had managed with his current medications of Gabapentin and Cymbalta. He has increased pain in the thoracolumbar spine recently. He has only axial pain currently. He brought a recent DEXA imaging report in to the office visit and was concerned as the report indicated a deformity fracture of T12, L1, L2 and L3 and he was not aware of a prior T12 compression fracture. He had an epidural injection in 2012 and since then the right lower extremity radiculitis has been essentially gone since. There is tenderness above, below the fusion, and in the lumbar paraspinals bilaterally. Forward flexion also provokes pain, especially above his fusion. The impression is axial back pain, history of multilevel compression fractures, history of L1 through L3 posterior instrumented fusion, work related, intermittent lower extremity radiculitis, currently well controlled. The requested treatment is a thoracolumbar spect scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracolumbar spect 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 Bone scan.

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 chapter and pg 83.

Decision rationale: SPECT is not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials. In this case, the claimant had a prior SPECT scan, x-rays and DEXA. The request was only for an update. It was ordered to also evaluate for an acute compression fracture but there is no mention of new injury or inability to obtain a CT. MRI or bone scan. The request for a SPECT is neither justified nor supported by the guidelines and is not medically necessary.