

Case Number:	CM15-0168338		
Date Assigned:	09/09/2015	Date of Injury:	11/17/2006
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 11-17-06. The injured worker is undergoing treatment for chronic back pain. Medical records (7-10-15 through 7-29-15) provide the injured worker has chronic back pain. Physical exam notes tenderness to palpation of the lumbar area with range of motion (ROM) "severally limited in all planes". Treatment to date has included magnetic resonance imaging (MRI) dated 6-29-15 that revealed stenosis and bulges, lumbar X-rays noted to indicate degenerative disc disease (DDD) and loss of lordosis, Toradol with relief and laminectomy in 2007 with "significant leg pain improvement." Records indicate physical therapy, medial branch blocks and facet joint injections have not been helpful. The original utilization review (8/10/15) found not medically necessary lumbar SPECT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT scan of the 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, Work Loss Data Institute, Low Back Chapter, SPECT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Lumbar & Thoracic under SPECT (single photon emission computed tomography).

Decision rationale: The 53 year old patient complains of chronic low back pain, as per progress report dated 07/29/15. The request is for SPECT SCAN OF THE LUMBAR SPINE. The RFA for this case is dated 07/29/15, and the patient's date of injury is 11/17/06. The patient is status post decompression from L3 to L7 in 2007, as per progress report dated 07/29/15. Diagnoses also included lumbago and lumbar spondylosis. As per progress report dated 07/10/15, the patient's pain is rated at 6/10 and he is taking methadone and Oxycodone for pain relief. MRI of the lumbar spine, dated 06/29/15, revealed annular bulge at L5-S1 with posterior endplate ridging and facet degenerative changes, and multilevel foraminal and spinal canal stenosis. The patient is not working, as per progress report dated 07/10/15. ODG guidelines, Lower Back Lumbar & Thoracic under SPECT (single photon emission computed tomography) states: 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 request for SPECT scan is noted in progress report dated 07/29/15. The treater states this is the "most reasonable study to help more accurately identify potential sources of his back pain." ODG guidelines, however, do not support the use of SPECT scans as they "cannot be supported by clinical trials." Hence, the request IS NOT medically necessary.