

Case Number:	CM15-0196250		
Date Assigned:	10/09/2015	Date of Injury:	07/08/2015
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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 57 year old male with an industrial injury dated 07-08-2015. A review of the medical records indicates that the injured worker is undergoing treatment for fracture of the lumbar spine at transverse processes of T12 and L1-3, rib fracture at right ribs 11, 12, and benign essential hypertension. Medical records (07-12-2015) indicate that the injured worker presented to the emergency department with complaints of back spasms and pain status post motor vehicle accident (MVA). According to the progress note dated 08-05-2015, the injured worker reported low back pain. Objective findings (07-22-2015 to 08-05-2015) revealed tenderness to palpitation of the right posterior and inferior chest, midline lumbosacral spine tenderness with ecchymosis, paraspinal muscle tenderness with palpable spasm and decreased painful forward flexion. Treatment has included computed tomography of cervical spine, chest, abdomen and pelvis on dated 07-12-2015, computed tomography of head and lumbar spine dated 07-08-2015, chest x- ray, prescribed medications, and periodic follow up visits. The injured worker's work status was modified duties starting 08-19-2015. The treating physician prescribed services for Bone scan, thoracic and lumbar spine, per 9-4-15 order Qty: 1.00. The utilization review dated 09-22-2015, non-certified the request for Bone scan, thoracic and lumbar spine, per 9-4-15 order Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan, thoracic and lumbar spine, per 9/4/15 order Qty: 1.00: 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), Low back, Lumbar & Thoracic (Acute & Chronic) - Bone scan - CT (Computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic, Bone Scan.

Decision rationale: The patient presents with diagnosis that include fracture of the lumbar spine at transverse processes of T12 and L1-3, rib fracture at right ribs 11, 12 and benign essential hypertension. The patient recently complained of back spasms and pain. The current request is for 1 bone scan for the thoracic and lumbar spine. Neither the Request For Authorization (RFA) nor the treating report dated 9/4/15 in support of the RFA was included in the clinical history accompanying the IMR application. The MTUS Guidelines do not address the proposed scan. ODG Guidelines, Low Back - Lumbar & Thoracic chapter, Bone Scan Topic, states, "Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000)." In this case, the clinical history provided does not note that the patient presents with a diagnosis of bone infection, cancer nor arthritis. Additionally, review of the UR report indicates that the patient did previously obtain a CT scan of the lumbar spine which revealed transverse process fractures at T12, L1, L2 and L3. There is no clinical documentation found to support a bone scan based on the records made available for review. The current request is not medically necessary.