

Case Number:	CM15-0198068		
Date Assigned:	10/13/2015	Date of Injury:	09/28/2011
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 61 year old male, who sustained an industrial injury on 9-28-11. The injured worker is being treated for lumbar radiculopathy, displacement of lumbar intervertebral disc without myelopathy and pain in joint involving pelvic region and thigh. (MRI) magnetic resonance imaging of lumbar spine performed on 5-20-15 revealed L2-3 broad based central disc protrusion, L3-4 stable mid disc bulge, L4-5 stable mid diffuse disc bulge and L5-S1 stable minimal disc bulge. Treatment to date has included physical therapy, steroid injections and activity modifications. 8-13-15, the injured worker complains of chronic back pain and right hip pain. Work status is unclear. Physical exam performed on 8-13-15 revealed significant limp with ambulation, limited range of motion of lumbar spine without tenderness to palpation. It is noted pin prick is diminished in lateral lower right leg, lateral and dorsal right foot. On 9-1-15 request for authorization was submitted for bone and-or joint imaging tomographic spect. On 9-9-15 request for bone and-or joint imaging tomographic spect was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone & joint imaging tomographic, single photo emission computerized tomography (SPECT): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - single photoemission computerized tomography (SPECT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, and spect scan.

Decision rationale: The medical records report degenerative joint condition but does not document any presence of suspicion of cancer or infection. ODG guidelines support spect scan for suspected infection or malignancy. As the medical records do not report concern for infection or malignancy, the medical records do not support performance of spect scan. Therefore, the request is not medically necessary.