

<b>Case Number:</b>	CM15-0199922		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

This is a 65 year old female with a date of injury of October 22, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain with contusion and ecchymosis, lumbar degenerative disc disease and possible sacral fracture due to increasing pain when standing, walking, and twisting. Medical records dated July 13, 2015 indicate that the injured worker complained of flare up of coccyx pain following knee surgery, neck pain, and upper back pain. A progress note dated August 31, 2015 documented complaints of getting worse with sitting too long, standing too long, or twisting too much. Records also indicate that the injured worker can sit for twenty minutes, stand for ten minutes, walk for twenty-five minutes, and can lift four pounds. Per the treating physician (August 31, 2015), the employee has not returned to work. The physical exam dated July 13, 2015 reveals tenderness of the lumbosacral spine and coccyx, avoidance of bending forward, and use of a walker. The progress note dated August 31, 2015 documented a physical examination that showed midline tenderness of the low back, coccyx, and sacrum with forward bending, and extension of 20 degrees. Treatment has included twelve to sixteen sessions of physical therapy with improvement of pain from 8 out of 10 to 2 to 3 out of 10, medications (Oxycodone), magnetic resonance imaging of the lumbar spine (April 4, 2015) that showed multilevel degenerative changes in the lumbar spine without significant stenosis, x-ray of the pelvis (April 4, 2015) that showed no significant findings, and sacral blocks. The original utilization review (September 16, 2015) non-certified a request for a bone scan of the pelvis.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bone scan, pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Bone scan (radioisotope bone scanning).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip chapter and pg 11.

**Decision rationale:** According to the guidelines, bone scans are recommended for those who have normal x-rays and suspected pathology or who don't have access to an MRI. In this case, there is a simultaneous request for an MRI and x-ray. The claimant had low back pain but no concern of infection or subtle pathology. The request for a bone scan along with other imaging is not medically necessary at this time.