

Case Number:	CM15-0201186		
Date Assigned:	10/16/2015	Date of Injury:	09/22/2014
Decision Date:	12/07/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, 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 62 year old male, who sustained an industrial injury on September 22, 2014. He reported injury to upper back, lower back, neck and hips. The injured worker was diagnosed as having lumbar contusion, sprain and strain of coccyx and muscle spasms back. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatment and medication. On August 11, 2015, the injured worker complained of upper back, lower back, neck and hip pain. Physical examination of the cervical spine was unremarkable. Examination of the thoracic spine showed some parathoracic tenderness from T6 to T7. There was paralumbar tenderness from L3 to L5-S1. Lumbosacral spine examination revealed a positive straight leg raise test on the right at 30 degrees. The treatment plan included chiropractic treatment. On August 28, 2015, the injured worker complained of bilateral hip, neck, upper back and lower back pain. The treatment plan included chiropractic treatments, lumbar MRI scan and bone scan. The patient had X-ray of the lumbar spine on 9/23/14 that revealed degenerative changes and wedging of disc and X-ray of the cervical spine on 9/30/14 that revealed spondylosis. The patient sustained the injury due to a fall incident. The medication list include Norco, Tramadol, Nabumatone, Skelaxin and Valium. The patient has had a history of anterior wedge fracture of T12 and L1 and DM. Per the note dated 1/26/15 the patient was not fitting in the MRI scanner due to his abdominal girth and the patient has reached MMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the 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: Low Back - 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 (updated 09/22/15) Bone scan.

Decision rationale: ACOEM/MTUS state guideline does not specifically address this issue. Hence ODG used. As per ODG pain guidelines, Bone scan is "Not recommended, except for bone infection, cancer, or arthritis." (DeVlam, 2000) (Littenberg, 1995) (ACR, 2000). A detailed rationale for the request of the bone scan was not specified in the records provided. Suspicion for cancer, metastases, infection, is not specified in the records provided. The detailed response to previous conservative therapy is not specified in the records provided. Significant functional deficits that would require a Bone scan of the spine is not specified in the records provided. The medical necessity of the request for Bone scan of the spine is not fully established in this patient.