

Case Number:	CM15-0024791		
Date Assigned:	02/17/2015	Date of Injury:	11/28/2011
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 reported on 11/28/2011. He has reported for follow-up regarding his chronic industrial low back pain, improved on medication; and gastrointestinal side effects from the medications. The diagnoses were noted to have included failed back syndrome - lumbar; sacroilitis; chronic lumbar stenosis; chronic pain syndrome; degenerative disc disease; and depression. Treatments to date have included consultations; diagnostic imaging studies; lumbar 3-4 laminectomy/discectomy; left hip fracture surgery; physical therapy; sacroiliac joint injection therapy; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and not working. On 1/20/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/12/2011, for whole body NUC bone scan to assess pseudo-arthritis lumbar 3-4. The Medical Treatment Utilization Schedule, chronic pain medical treatment, low back complaints; the American College of Occupational and Environmental Medicine Guidelines, chapter 12; and the Official Disability Guidelines, low back guidelines, bone scan, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body NUC Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, (<http;www.-odg-twc.com/low.back>), regarding bone scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Bone scan
<http://medicalxpress.com/news/2014-03-diagnosis-pseudarthrosis-fusion-difficult.html>

Decision rationale: Pursuant to the Official Disability Guidelines, whole body nuclear bone scan is not medically necessary. Bone scans are not recommended, except for bone infection, cancer or inflammatory arthropathies. The researchers found that diagnosing pseudarthrosis following cervical and lumbar fusion remains a challenge. A diagnosis is typically made based on clinical presentation in conjunction with various imaging studies, but no definitive method exists for assessing nonunion. Thin-cut computed tomography scan and computerized motion analysis of dynamic plain films are the best imaging modalities, although surgical exploration remains the gold standard. In this case, the injured worker's working diagnoses are status post laminectomy/discectomy 20 months prior; L3 - L4 collapse; recurrent L3 - L4 herniation with foraminal stenosis radiculopathy; rule out L3 - L4 collapse and pseudo-arthritis pars defect; recent SI joint injection good relief of back pain. The utilization review indicates imaging is requested to determine pseudoarthrosis of L3 - L4. However, the report states the patient had a right L3 - L4 laminectomy/discectomy and that a request for L3 - L4 global arthrodesis was declined. Consequently, it doesn't appear the patient had a lumbar fusion with failure of that fusion resulting in pseudoarthrosis. Additionally, thin-cut computed tomography scan and computerized motion analysis of dynamic plain films are the best imaging modalities, although surgical exploration remains the gold standard. Consequently, absent compelling clinical documentation for a bone scan with evidence-based guidelines supporting thin-cut computed tomography scanning and computerized motion analysis of dynamic plain films as the best imaging modalities, whole body nuclear bone scan is not medically necessary.