

Case Number:	CM15-0028703		
Date Assigned:	02/20/2015	Date of Injury:	11/19/2012
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 59-year-old female sustained an industrial injury on 11/19/12, with subsequent ongoing low back pain. The injured worker underwent laminectomy and discectomy at L2-3, L3-4 and L4-5 on 5/1/14. In a follow up exam dated 1/16/15, the injured worker complained of constant moderate back and left leg pain. The injured worker reported not working or attending physical therapy due to pain. Physical exam was remarkable for lumbar spine with restricted range of motion, balanced and symmetrical gait and normal toe and heel walk. The physician noted that magnetic resonance imaging lumbar spine showed adequate decompression through the surgical levels with severe foraminal stenosis with degenerative disc disease. Current diagnosis was degenerative disk disease. The treatment plan included a whole body bone scan, LSPECT and computed tomography scan merge and x-rays of the lumbar spine. The medication list include Norco and Soma. Per the doctors note dated 1/21/15 patient had complaints of low back pain with decreased sensation in left LE. Physical examination of the low back revealed severe pain with ROM, muscle spasm, tenderness on palpation and positive Lasegue's test, 5/5 strength and decreased sensation in left leg. The patient has had X-ray of the low back that revealed spinal stenosis and facet arthritis. Any diagnostic imaging report was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSPECT and CT scan merge: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT (computed tomography)Low Back (updated 03/24/15).

Decision rationale: Request: LSPECT and CT scan merge. Per the ACOEM low back guidelines cited below If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In addition per the ODG guidelines lumbar CT is Not recommended except for indications lumbar spine trauma, with neurological deficit, with seat belt fracture; myelopathy traumatic, infectious disease patient; evaluate pars not identified by plain X-rays. The physician noted that magnetic resonance imaging lumbar spine showed adequate decompression through the surgical levels with severe foraminal stenosis with degenerative disc disease. Any significant changes in objective physical examination findings since the last imaging that would require a repeat study were not specified in the records provided. Repeat studies are reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation). Any of these indications for lumbar spine CT scan without contrast were not specified in the records provided. Patient did not have any progressive neurological deficits that are specified in the records provided. Findings suggestive of suspicious for tumor, infection, fracture, neuro compression, or other red flags were not specified in the records provided. As per records provided patient has balanced and symmetrical gait and normal toe and heel walk and 5/5 strength. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Prior PT visits notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The medical necessity of the request for LSPECT and CT scan merge is not fully established in this patient.

Whole body bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online EditionLow Back (updated 03/24/15) Bone scan.

Decision rationale: Whole body bone scan 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) Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. Physical examination with evidence of metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma is not specified in the records provided. The physician noted that magnetic resonance imaging lumbar spine showed adequate decompression through the surgical levels with severe foraminal stenosis with degenerative disc disease. A MRI of the lumbar spine did not reveal evidence of tumor, infection or fracture. Response to previous conservative therapy is not specified in the records provided. As per records provided patient has balanced and symmetrical gait and normal toe and heel walk and 5/5 strength. Significant functional deficits that would require a bone scan is not specified in the records provided. The medical necessity of the request for Whole body bone scan is not fully established in this patient.