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| Case Number: | CM15-0032165 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 10/01/1996 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: New Jersey

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 54-year-old male who sustained an industrial injury on 10/01/1996. Current diagnoses include hip arthritis-bilateral and lumbar disc disease. Previous treatments included medication management, physical therapy, and cervical fusion. Report dated 02/03/2015 noted that the injured worker presented with complaints that included persistent back and hip pain. Physical examination was positive for abnormal findings. The physician noted that the request was to determine where the pain was coming from either his hip or back. Utilization review performed on 02/06/2015 non-certified a prescription for Technetium bone scan, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Technetium bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12, (Low Back Complaints) (2007), pg 61, Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis section, Bone scan, and ODG, Lower back section, Bone scan.

Decision rationale: The MTUS does not address bone scans for the hip or pelvis region. The ODG, however, states that bone scanning is recommended in the presence of normal radiographs and in the absence of ready access to MR imaging capability. Radionuclide bone scans are effective for detection of subtle osseous pathology and, when negative, are useful in excluding bone or ligament/tendon attachment abnormalities. Bone scanning is more sensitive but less specific than MRI. It is useful for the investigation of trauma, infection, stress fracture, occult fracture, Charcot joint, Complex Regional Pain Syndrome, and suspected neoplastic conditions of the lower extremity. The MTUS does not address bone scans for the lower spine, either. The ODG, however, states that bone scans of the lower back are not recommended, except for bone infection, cancer, or arthritis. 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. In the case of this worker, there was a previous x-ray of the hip in question, revealing significant cartilage thinning suggestive of arthropathy, which is likely causing the pain reported. There would then be no medical need to have a bone scan with a positive finding on x-ray. Therefore, the request is not medically necessary.