

Case Number:	CM15-0035353		
Date Assigned:	03/03/2015	Date of Injury:	01/10/2010
Decision Date:	05/05/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59-year-old female who sustained an industrial injury on 1/10/10 when she experienced an onset of low back pain that she attributed to prolonged standing. She had x-rays, MRI, which were abnormal. In addition, she was given medications, exercise, electrical stimulation, epidural steroid injections all of which offered her no relief. She currently complains of constant low back pain with radiation into bilateral lower extremities and associated numbness and tingling. Her pain intensity is 8/10. Her activities of daily living are limited due to pain. Medication is naproxen. Diagnoses include status post- lumbar spine fusion (1/25/13), post laminectomy syndrome with active L5 lumbar radiculopathy; depression; cervical radicular symptoms. Treatments to date include x-rays, MRI (no dates), which were abnormal; medications; exercise; electrical stimulation; epidural steroid injections; physical therapy, all of which offered her no relief. Diagnostics include electrodiagnostic testing of the lower extremities (no date) shows left L5 radiculopathy; x-ray lumbar spine (12/3/13); computed tomography myelogram (3/19/13, 12/1/13); MRI lumbar spine (1/11/12). There was no progress note reviewed that requested left lumbar spine computed tomography and a 3 phase bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine CT without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including x-rays and MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies. In the absence of physical exam evidence of red flags, a CT of the lumbar spine is not medically necessary. The medical necessity of a lumbar CT without contrast is not substantiated in the records.

Three Phase Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: diagnostic testing for low back pain.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2010. Her medical course has included numerous treatment modalities including surgery use of several medications. Radionuclide bone scans are of limited value in evaluating patients with back pain. Also, in this worker, the lumbar pathology had been delineated and documented on prior studies. The medical necessity of a three-phase bone scan is not substantiated in the records.