

Case Number:	CM15-0044241		
Date Assigned:	03/17/2015	Date of Injury:	01/20/2009
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 20, 2009. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a bone scan. A January 27, 2015 RFA form was reference in the determination. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines in its denial and, moreover, mislabeled the same as originating from the MTUS. A July 28, 2014 progress note was also referenced. The applicant's attorney subsequently appealed. In a January 27, 2015 RFA form, a SPECT bone scan was apparently sought to search for a nonunion following earlier lumbar laminectomy surgery. In an attached progress note, not clearly dated, the applicant was apparently asked to continue Percocet, physical therapy, home exercises, and epidural steroid injection therapy. It was stated that the applicant was not a candidate for any kind of surgical intervention. Little-to-no narrative rationale accompanied the request for the SPECT bone scan. On October 9, 2014, the applicant reported ongoing complaints of low back pain. The attending provider stated that CT imaging did not clearly show evidence of interbody fusion at the L5-S1 level. L2-L3 spinal stenosis was evident on previously performed lumbar MRI imaging. The attending provider, a neurosurgeon, stated that SPECT scanning could be employed to determine the presence or absence of a nonunion versus pseudoarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan, L3-5, possible non union or L2-L3 degeneration: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309. Decision based on Non-MTUS Citation
http://interactive.snm.org/docs/cg_ch11.pdf, 11 The Skeletal System - Society of Nuclear
Medicine, 20 and 21.

Decision rationale: Yes, the request for a SPECT bone scan was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, bone scanning is "recommended" to help detect physiologic abnormalities, as were suspected here on or around the date in question. The Society of Nuclear Medicine (SNM) further notes that a 3-phase bone scan is an excellent technique to determine whether a bone graft and/or bone fusion is solid. Here, the requesting provider, a neurosurgeon, has stated that he suspected that the earlier bony fusion was not, in fact, solid at all levels. The attending provider stated that metallic artifact had obscured previously performed CT and/or MRI imaging of the lumbar spine and that bone scanning was therefore needed to further establish the presence or absence of a solid fusion. Therefore, the request was medically necessary.