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| Case Number: | CM15-0050645 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 05/13/2013 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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: California

Certification(s)/Specialty: Emergency 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:

This 40 year old man sustained an industrial injury on 5/13/2013 after holding onto a falling pallet. Evaluations include lumbar spine MRI dated 7/29/2013 which shows no disc herniation. Diagnoses include lumbar spine strain. Treatment has included oral medications physical therapy, chiropractic therapy, TENS unit, and epidural steroid injection. Physician notes dated 8/26/2014 show complaints of back pain rated 3-4/10. Recommendations include a trial of injection therapy including epidural steroid injections or facet injections, flexion/extension x-rays of the lumbar spine, bone scan, home exercise program, and continued TENS unit use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Density Scan Low Back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Bone densitometry.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The documented reason for performing the bone scan and flexion/extension films is to rule out an occult pars deficit with instability causing chronic pain. The patient had previously undergone ESI which resulted in hyperglycemia and a vasovagal reaction. As such, he would not be a good candidate for repeating this procedure. According to the MTUS guidelines, a bone scan can be considered if there is no improvement in back pain after 1 month. The purpose is to detect physiologic abnormalities. This would seem to be appropriate given the fact the MRI findings do not explain the patients persistent discomfort. Therefore the request is medically necessary.