

Case Number:	CM15-0054207		
Date Assigned:	03/27/2015	Date of Injury:	05/24/2012
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 5/24/2012. Diagnoses include lumbar spine pain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar herniated nucleus pulposus/bulge and lumbar stenosis. Treatment to date has included transforaminal epidural steroid injection (7/31/2014), medications, diagnostics and activity modification. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported back pain with radiation to the ankle on the right side and occasionally the foot. Physical examination was not documented. The plan of care included surgical intervention and authorization was requested for nuclear bone spect scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Bone SPECT Scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Bone Scan.

Decision rationale: The 2/13/15 attending physician report indicates the injured worker has ongoing back pain with radiation to the right ankle and occasionally the right foot. The current request is for Nuclear Bone SPECT Scan. MTUS is silent on Bone Scans. The ODG does not recommend, except for bone infection, cancer, or inflammatory arthropathies. 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 this case, the injured worker has already completed an MRI scan of the lumbar spine which revealed minimal degenerative changes. In this case, the MRI provided no indication to suggest metastases, infection, or pathological fracture. The attending physician offers no clear rationale for requesting a nuclear bone SPECT scan. The available medical records do not establish medical necessity. As such, recommendation is not medically necessary.