

Case Number:	CM15-0056339		
Date Assigned:	03/27/2015	Date of Injury:	03/13/2006
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: California

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 50 year old female, who sustained an industrial injury on March 13, 2006. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar annular tear and disc herniation, chronic radiculopathy, myofascial pain, sacroiliac joint arthropathy and epigastric abdominal pain unknown etiology. Treatment and diagnostic studies to date have included facet neurolysis. A progress note dated February 10, 2015 provides the injured worker complains of back and abdominal pain. Physical exam notes lumbar tenderness increased with range of motion (ROM) and positive Patrick's test. The plan includes diagnostic imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 02/10/15 progress report provided by treating physician, the patient presents with low back pain. The request is for MRI lumbar spine. RFA not provided. Patient's diagnosis on 02/10/15 includes lumbar facet arthropathy, history of chronic radiculopathy, myofascial pain, and disc herniation at L5-S1. Physical examination to the lumbar spine on 02/10/15 revealed tenderness increased with range of motion. Positive Patrick's and axial loading tests. The patient had facet neurolysis done and had about 75% pain relief for about two weeks, and disc biopsy of L4-L5. Patient medications include MS Contin, Vicodin, Promethazine, Zanaflex, Dilaudid, and Ativan. Work status not available. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per progress report dated 02/10/15, treater states the patient "has failed conservative treatment in the past. The denial stated we did not have any recent images supporting arthropathy. The patient therefore needs a more recent MRI of the lumbar spine and a whole body bone scan, for supporting our request for a repeat neurolysis." Per treater report dated 02/10/15, the patient has an annular tear at L4-L5, which was diagnosed at least four years ago on MRI." According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.

Whole Body 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) Low Back Chapter, Facet Joint Pain, signs & symptoms. Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Bone scan US national library of medicine NIH (<http://www.nlm.nih.gov/medlineplus/ency/article/003833.htm>).

Decision rationale: Based on the 02/10/15 progress report provided by treating physician, the patient presents with low back pain. The request is for whole body bone scan. RFA not provided. Patient's diagnosis on 02/10/15 includes lumbar facet arthropathy, history of chronic

radiculopathy, myofascial pain, and disc herniation at L5-S1. The patient had facet neurolysis done and had about 75% pain relief for about two weeks, and disc biopsy of L4-L5. Patient medications include MS Contin, Vicodin, Promethazine, Zanaflex, Dilaudid, and Ativan. Work status not available. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Bone scan states: "Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] 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." Bonescan for fractures: US national library of medicine NIH (<http://www.nlm.nih.gov/medlineplus/ency/article/003833.htm>) states a bone scan can be used to "Evaluate metabolic disorders, such as osteomalacia, renal osteodystrophy, primary hyperparathyroidism, osteoporosis, complex regional pain syndrome, and Paget's disease." Per progress report dated 02/10/15, treater states the patient "has failed conservative treatment in the past. The denial stated we did not have any recent images supporting arthropathy. The patient therefore needs a more recent MRI of the lumbar spine and a whole body bone scan, for supporting our request for a repeat neurolysis." Treater has not provided rationale for requesting whole body bone scan. There is no discussion on suspected metastases, inflammatory arthropathies, significant fracture, or other significant bone trauma. Per ODG, bone scan is "not recommended, except for bone infection, cancer, or arthritis." The request is not in accordance with guidelines. Therefore, the request for whole body bone scan IS NOT medically necessary.