

Case Number:	CM15-0059759		
Date Assigned:	04/06/2015	Date of Injury:	09/21/2009
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

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

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 35 year old male who sustained an industrial injury on September 21, 2009. He has reported low back and left leg pain and has been diagnosed with sprain of lumbar region, lumbar radiculitis, chronic pain syndrome, numbness, lumbar degenerative disc disease, and low back pain. Treatment has included medications, heat, ice, and rest. Currently the injured worker complains of pain in the low back and left leg that was described as stabbing and aching. The treatment request included a bone scan of the lumbar spine, pelvis, and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of lumbar spine, pelvis and knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hip & Pelvis and Knee and Leg, Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), bone scan.

Decision rationale: The claimant sustained a work-related injury in September 2009 and continued to be treated for left-sided back and leg pain. He is being evaluated for possible surgical management and, due to severe left sacroiliac joint tenderness and concern regarding symptoms due to sacroiliitis, a bone scan was requested by his neurosurgeon. A bone scan can be recommended when there is concern regarding the presence of bone infection, cancer, or arthritis. In this case, the claimant may have an inflammatory spondyloarthropathy and symptoms that may be due to that rather than lumbar disc disease. The pain pattern for sacroiliac joint mediated pain can be similar to that of an L5 radiculopathy. The treatment for these conditions would be completely different. Therefore, the requested bone scan is medically necessary.