

Case Number:	CM15-0081668		
Date Assigned:	05/04/2015	Date of Injury:	05/16/2012
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old, male who sustained a work related injury on 5/16/12. The diagnoses have included low back syndrome and chronic lumbar myofascial sprain/strain. The treatments have included medications and home exercises. In the PR-2 dated 4/2/15, the injured worker complains of intermittent, moderate low back and buttock pain. The treatment plan is to again request authorization for a bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three phase bone scan, lumbar spine Qty: 1 (per 04/07/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone scan.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG indicates that bone scans are indicated in the evaluation of

suspected bone infection, cancer or arthritis. The clinical documentation for review does not list these as possible diagnosis and therefore the request is not medically necessary.