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| Case Number: | CM15-0084510 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 10/22/2013 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/02/2015 |

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: Pennsylvania

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 33-year-old male, who sustained an industrial injury on 10/22/2013. He reported injury to his low back from regular work duties. The injured worker was diagnosed as having lumbar spine degenerative disc disease at multiple levels, neural foraminal stenosis per magnetic resonance imaging 2013, x-ray report of pars defect (unverified on evaluation), possible radiculopathy involving bilateral S1 nerve roots, and stenosis neural foramens per magnetic resonance imaging 2013. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of pain in his low back (80% of symptoms) and his right leg (20% of symptoms). He reported low back pain with occasional radiation down to his calves, with symptoms worsening with bending and lifting. He was able to ambulate without difficulty and was currently not working. Exam of the lumbar spine showed slightly diminished lordosis and the ability to walk on toes/heels with reproduction of left calf pain. Motor, sensory, and deep tendon reflex tests were within normal limits. Magnetic resonance imaging of the lumbar spine (12/30/2013) showed minimal degenerative disc disease and broad based disc bulge at L4-5. X-rays of the lumbar spine (12/26/2014) were reported as showing pars defect (unverified). The report noted sacralized L5 with bilateral spondylosis and grade 1 anterolisthesis, L5 on S1. Medication use included Ibuprofen. The treatment plan included electromyogram and nerve conduction studies of both lower extremities, computerized tomography of the lumbar spine, and updated magnetic resonance imaging of the lumbar spine. Documentation to support a request for lumbar spine bone scan was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan, 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: Low Back chapter - Bone Scans.

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/Bone scan.

Decision rationale: No rationale for a bone scan was provided in the medical record such as pain unexplained by history or other studies, fever/sweats, unexplained weight loss. The ODG states that bone scan is not recommended except for bone infection, cancer, or arthritis. There is no indication that these conditions were being considered. Therefore, the request is not medically necessary.