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| Case Number: | CM15-0085020 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 09/27/2014 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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 47 year old female, who sustained an industrial injury on 9/27/14. She reported pain in the lower back and right leg. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar sprain. Treatment to date has included physical therapy, a lumbar epidural injection and Gabapentin and Naprosyn. She had an MRI of the lumbar spine on 11/21/14, which showed mild dextroscoliosis of the lumbar spine; multilevel degenerative disc disease throughout the lumbar spine and moderation to moderately severe foraminal narrowing on the right at L5-S1. As of the PR2 dated 3/26/15, the injured worker reports 6/10 pain in the right leg and lower back. She has noticed the pain is worse with walking and is relieved with heat and medications. Objective findings include normal range of motion in the lumbar spine, decreased sensation in L5-S1 area and right leg/foot numbness. The treating physician requested a full body bone scan with SPECT of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full body bone scan with SPECT of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), bone scan(2) Low Back - Lumbar & Thoracic (Acute & Chronic), SPECT (single photon emission computed tomography).

Decision rationale: The claimant sustained a work-related injury in September 2014 and is being treated for low back pain with radiating right lower extremity symptoms. She has a history of lumbar disc surgery in 2009. An MRI in November 2014 included findings of right lateralized foraminal narrowing at L5/S1. When seen, she had decreased right lower extremity sensation with negative straight leg raising. There was normal lumbar spine range of motion without pain. A SPECT scan is not recommended for general use in back pain. This test is under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. In this case, the recent MRI scan appears to explain the claimant's condition. If there was concern regarding instability, then there are other tests including flexion/extension x-rays of the lumbar spine that could be utilized in further assessing her condition. A SPECT scan of the lumbar spine was not medically necessary. A bone scan can be recommended when there is concern regarding the presence of bone infection, cancer, or arthritis. In this case, the recent MRI scan appears to explain the claimant's condition. There is no reported concern of infection or cancer. A full body bone scan was not medically necessary.