

Case Number:	CM15-0086811		
Date Assigned:	05/11/2015	Date of Injury:	05/04/2010
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 60 year old female, who sustained an industrial injury on 05/04/2010. She reported injury to her lumbar spine. Treatment to date has included x-rays, medications, physical therapy, acupuncture, epidural steroid injection and surgery for the knee, back and shoulder. Diagnosis included status postop lumbosacral fusion with posterior instrumentation and still with intermittent radiculopathy on the lower extremity. She continued to have pain in the low back and right knee. According to a progress report dated 04/15/2015, subjective complaints were unchanged. Medications were helpful and kept her active. She could not get out of bed without medication. Objective findings included tenderness to palpation to the lumbar spine, guarding, decreased range of motion and decreased sensation in the feet. Treatment plan included continuation of home exercise, Norco, Ultracet, Flexeril and a request for authorization for a bone scan. Currently under review is the request for a bone scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan lumbar spine: 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 (Acute & Chronic).

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

Decision rationale: ODG guidelines support bone scan of the lumbar spine when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain and persistent neurologic symptoms of sensory loss. As such the medical records provided for review do support necessity of bone scan congruent with ODG guidelines. Therefore the request is medically necessary.