

Case Number:	CM15-0088788		
Date Assigned:	05/13/2015	Date of Injury:	05/27/2009
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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 51 year old female, who sustained an industrial injury on May 27, 2009. She reported low back pain due to cumulative trauma. The injured worker was diagnosed as having low back pain and status post lumbar 2-sacral 1 decompression and fusion. Diagnostic studies to date have included CTs and x-rays. Treatment to date has included a heating pad, nerve block, epidural steroid injections, physical therapy, and medications including pain, muscle relaxant, and anti-epilepsy. On April 1, 2015, the treating physician noted the injured worker had continued pain requiring 4-5 tablets per day of opioid medication. In addition, the treating physician noted a CT showed an incomplete arthrodesis at lumbar 5-sacral 1. X-rays were obtained on this date. The physical exam revealed the injured worker was straighter and more upright while walking, non-antalgic ambulation, well-healed wounds, and no motor or sensory deficits. The treatment plan includes 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 limited 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.

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

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states that bone scans of the lumbar spine are not recommended except in cases of bone infection, cancer or arthritis. The patient does not have any of these diagnoses or suspicion clinically for these diagnoses and therefore the request is not medically necessary.