

Case Number:	CM15-0242966		
Date Assigned:	12/22/2015	Date of Injury:	03/28/2007
Decision Date:	01/25/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/14/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old female who sustained an industrial injury on 3-28-07. The injured worker reported discomfort in the neck, back and right leg. A review of the medical records indicates that the injured worker is undergoing treatments for degenerative scoliosis, post fusion syndrome; herniated nucleus pulposus left L3-4 and foraminal stenosis L5-S1. Medical records dated 6-17-15 indicate "moderate and severe" pain. Provider documentation noted the work status as retired. Treatment has included a lumbar spine magnetic resonance imaging (6-17-15), Celebrex, and status post fusion. Objective findings dated 6-17-15 were notable for tenderness to the post iliac crest, positive straight leg testing, decreased hip range of motion. The original utilization review (12-3-15) denied a request for CT scan of thoracolumbar spine and a DEXA scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of thoracolumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This claimant was injured about 9 years ago. There is degenerative scoliosis and post fusion syndrome. There is still moderate to severe pain. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. The case is not deemed medically necessary.

DEXA scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back, Bone Scans.

Decision rationale: This claimant was injured about 9 years ago. There is degenerative scoliosis and post fusion syndrome. There is still moderate to severe pain. Regarding bones scans like DEXA or DXA, the ODG notes they are under study for Chronic Regional Pain Syndrome (CRPS) evaluation. There may be changes seen in a bone scan in CRPS, including distinctive patterns of radiotracer uptake. A negative bone scan does not rule out CRPS. The clinical utility of bone scan in CRPS has not been proven in high quality studies, but three-phase nuclear medicine bone scans may help diagnose CRPS. (Horowitz, 2007) The ODG also notes regarding bone scans that they are not recommended, except for bone infection, cancer, or arthritis. They are sometimes used for osteoarthritis evaluation, but it is not clear how the testing is clinically essential to care. Further, I did not find any documentation that CRPS, bone infection, cancer or arthritis were clinical concerns in this case. Also, they are under study for the CRPS. This request is not medically necessary.