MAXIMUS Federal Services

Case Number:	CM14-0128033		
Date Assigned:	08/15/2014	Date of Injury:	11/19/2009
Decision Date:	09/26/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 19, 2009. A utilization review determination dated August 5, 2014 recommends non-certification of physical therapy (PT) and a bone scan. It referenced a July 22, 2014 medical report identifying low back pain on the edge of the SI joint versus the L4-5 area and paraspinals with pain into the leg. Patient notes a popping sensation with walking. On exam, a snapping sensation was palpated at the SI joint when going from flexion to extension. On Patrick's test, patient was able to get knee fully to the table, but with aggravation bilaterally. Recommendation was to repeat PT and a SPECT scan to rule out an ongoing inflammatory response that may benefit from a targeted injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines supports up to ten sessions and cites that "patients are instructed and expected to

continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request for twelve sessions of physical therapy for the low back is not medically necessary or appropriate.

One bone scan of the 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 (ODG) Low Back.

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 Chapter, Bone scan and SPECT (single photon emission computed tomography), and Hip and Pelvis Chapter, Bone scan (radioisotope bone scanning).

Decision rationale: Regarding the request for bone scan, CA MTUS does not address the issues. ODG notes that bone scan for the low back is not recommended, except for bone infection, cancer, or arthritis. For the hip and pelvis, it is recommended in the absence of ready access to MR imaging capability and it is noted to be useful for the investigation of trauma, infection, stress fracture, occult fracture, Charcot joint, Complex Regional Pain Syndrome, and suspected neoplastic conditions of the lower extremity. Specifically regarding SPECT, it is not recommended for general use in back pain and under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. Within the documentation available for review, there is no clear indication for a bone scan as outlined above. The provider notes a desire to rule out an ongoing inflammatory response that may benefit from a targeted injection, but no rationale identifying why an inflammatory process is suspected has been presented and its use for this purpose is not well supported. In light of the above issues, the request for a bone scan of the spine is not medically necessary or appropriate.