

Case Number:	CM14-0149958		
Date Assigned:	09/18/2014	Date of Injury:	09/12/1996
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

There were 165 pages provided for this review. The request was for nuclear medicine bone scan body. The request for independent medical review was signed on September 1, 2014. The request was not certified. Per the records provided, he was described as a 53-year-old man who was injured back in the year 1996. The most current documentation was from July, which showed low back pain radiating to the right leg down to the foot and pain at 10 out of 10. There was objective tenderness and numbness. The current diagnoses were chronic low back pain radiating to the right leg, history of back surgery and an unstable gait. There was a history of T11 compression fracture. There was a note from the orthopedic surgeon from June 19, 2006 and it was an agreed medical exam. He has not worked since the date of injury and he is receiving [REDACTED] benefits. He did have a back fusion in 2004. A CT scan in 2006 revealed that the fusion did not appear to be solid. There is still dull constant aching in the low back and there is numbness in the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) NM bone scan, whole body: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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, under Bone Scans

Decision rationale: The MTUS is silent. Regarding bone scan for the back, the ODG notes: Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. This patient did not have evidence of infection, cancer or arthritis. The request was appropriately non-certified.