

Case Number:	CM14-0162781		
Date Assigned:	10/07/2014	Date of Injury:	07/18/2002
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 and is licensed to practice in Illinois. 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:

The injured worker is a 56-year-old male who reported an injury on 07/18/2002. The mechanism of injury involved heavy lifting. The current diagnoses include thoracic or lumbosacral neuritis or radiculitis and lumbago. The injured worker was evaluated on 09/09/2014 with complaints of lower back pain with associated leg pain. Previous conservative treatment includes physical therapy, acupuncture, chiropractic treatment, and an epidural steroid injection. The injured worker was also noted to have undergone anterior and posterior lumbar spine surgery in 2003. The current medication regimen includes Soma, Doc-Q-Lace, Hydrocodone, Omeprazole, Trazodone, and Ambien. Physical examination revealed tenderness of the iliolumbar region, diminished lumbar range of motion, diminished motor strength in the right lower extremity, diminished sensation in the bilateral lower extremities, and positive straight leg raising. Treatment recommendations included a 3 phase bone scan of the lumbar spine. A Request for Authorization form was then submitted on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Phase Bone Scan for Lumbar: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone scan.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant selection of an imaging test. The Official Disability Guidelines state bone scans are not recommended, except for a bone infection, cancer, or arthritis. Therefore, the current request cannot be determined as medically appropriate in this case.