

Case Number:	CM14-0044805		
Date Assigned:	06/23/2014	Date of Injury:	05/21/2012
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old male who sustained an injury to his low back on 5/21/12 when he slipped and fell in a walk-in refrigerator, and hit his head. The injured worker was knocked unconscious and suffered a concussion as well as injuries to the upper back and lower back with symptoms down his legs. A serious closed head injury was ruled out by computerized tomography scan. The injured worker received conservative treatment and pain in his upper back subsided, but his low back did not. Other treatment has included medication, physical therapy, acupuncture, and chiropractic care. The injured worker continued to complain of low back pain at 9/10 visual analog scale that is sharp and numb. A clinical note dated 12/05/13 reported that the injured worker had a magnetic resonance image that revealed a small bulging disc; however, the treating physician requested a bone scan to rule out any acute coccyx fracture. Physical examination noted lumbar spasms, tenderness over the coccyx region; straight leg raise positive for back pains; ankle dorsiflexors and plantar flexors 5/5 throughout the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan to rule out coccyx fracture: 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 injuries.

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.

Decision rationale: The Official Disability Guidelines state that bone scans are not recommended except for bone infection, cancer, or arthritis. Given this, the request for bone scan to rule out coccyx fracture is not medically necessary.