

Case Number:	CM14-0216212		
Date Assigned:	01/07/2015	Date of Injury:	08/09/2007
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 woman with a date of injury of 8/9/07. She is status post two lumbar surgeries in 2002 and 2007. She was seen by her primary treating physician on 12/22/14 with complaints of low back pain. Her exam showed a well healed lumbar incision with limitations in all planes of active and passive range of motion. Her diagnosis was post-laminectomy syndrome. A lumbar MRI of 3/13 showed post surgical changes from fusion of L2-S1 with laminectomy defects at all levels. At issue in this review is the request for bone scan of the lumbosacral spine and lumbar x-rays with flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan with SPECT of Lumbosacral Spine: 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 Diagnostic testing for low back pain: uptodate

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2007. Her medical course has included numerous treatment modalities including surgery long-term use of several medications including narcotics and muscle relaxants. Per guidelines, Radionuclide bone scans are of limited value in evaluating patients with back pain. This worker has had a lumbar MRI in the past year to document anatomical findings after surgery. There are no symptoms or documentation of other bone pathology or pathologic processes to warrant a bone scan. The medical necessity of a bone scan is not substantiated in the records; therefore the request is not medically necessary.

Lumbar X-Ray with Flexion/Extension Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine. Per guidelines, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spine pathology, even if the pain has persisted for at least 6 weeks. The physical exam and clinical history did not have red flags associated with them (normal reflexes, muscle strength symmetric etc.) and the lumbar pathology had been delineated and documented on prior studies. The medical necessity of lumbar x-rays with flexion/extension views is not substantiated in the records; therefore the request is not medically necessary.