

<b>Case Number:</b>	CM15-0109815		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female with a May 16, 2013 date of injury. A progress note dated May 7, 2015 documents subjective complaints (persistent lower back pain; pain down the mid back and into the top of the buttocks; right foot continues to feel cold and increases in tingling with walking greater than twenty minutes, but is not radicular in nature), objective findings (tenderness of the lumbar paraspinal musculature extending into the quadratus lumborum right greater than left; significant facet tenderness at the L4-L5 and into the right sacroiliac joint; decreased range of motion of the lumbar spine; Kemp's is positive on the right), and current diagnoses (status post anterior decompression and fusion at L4-L5 on August 5, 2014; lumbar facet syndrome). Treatments to date have included lumbar spine fusion, medications, facet injections, and magnetic resonance imaging of the lumbar spine (November 6, 2014; showed satisfactory post-fusion and L4-L5, no complication, no central canal stenosis and no foraminal narrowing). The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a bone scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** ACOEM Guidelines state that bone scanning be considered in claimants in whom cancer or infection is suspected. In this case, however, there is no evidence of cancer, infection or fracture being suspected as a likely diagnostic consideration. The information submitted suggest chronic musculoskeletal and neuropathic etiologies as the source of the patient's chronic back pain. In addition, a recent MRI of the low back on 11/06/2014 showed no evidence of possible cancer, infection or fracture. Therefore, this request is deemed not medically necessary or appropriate.