

Case Number:	CM15-0016898		
Date Assigned:	02/05/2015	Date of Injury:	09/27/2012
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female sustained an industrial injury on 9/27/12, with subsequent ongoing back and hip pain. Treatment included medication, physical therapy, a back brace and rest. Computed tomography pelvis (8/25/14) showed diffuse osteopenia without evidence of fracture and multilevel degenerative disc changes of the lumbar spine. In a PR-2 dated 12/18/14, the injured worker complained of persistent low back and hip pain. Physical exam was remarkable for back without tenderness to palpation, age appropriate range of motion, strength 5/5 throughout and intact sensation. Current diagnosis was degeneration of lumbar or lumbosacral intervertebral disc. The treatment plan included a SPECT bone scan. Bone scan (12/23/14) showed the bone density of the lumbar spine as osteoporotic, left hip was osteopenic and left femoral neck was osteoporotic. On 1/7/15, Utilization Review noncertified a request for SPECT (single proton emission computed tomography) Bone Scan of the lumbar citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT (single proton emission computed tomography) Bone Scan of the 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, SPECT (single proton emission computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), SPECT (single photon emission computed tomography)

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic hip and low back pain. A SPECT scan is not recommended for general use in back pain. This test is under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests.