

Case Number:	CM15-0113317		
Date Assigned:	06/19/2015	Date of Injury:	05/09/2012
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 61 year old male sustained an industrial injury on 5/9/12. He subsequently reported back pain. Diagnoses include status post L4-5 anterior interbody fusion for spondylolisthesis. Treatments to date include MRI testing, lumbar spine surgery, bone stimulator, injections, physical therapy and prescription pain medications. The injured worker continues to experience back and lower extremity pain. Upon examination, there is tenderness about the thoracic and lumbar paraspinal muscles. Range of motion of the lumbar spine is reduced. There is decreased sensation about the L5 dermatome. A request for Bone scan of the lumbar spine and Gallium scan of the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, SPECT (single photon emission computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone scan.

Decision rationale: The California MTUS, and ACOEM do not specifically address the requested service. The ODG states bone scans are clinically indicated if there exists the suspicion for osteomyelitis, cancer or metastatic disease or occult fracture. The clinical documentation does mention the possible cause of continued pain as osteomyelitis however the workup is not complete and the imaging studies should not be performed prior to completion of the diagnostic work up. Therefore the request is not medically necessary.

Gallium scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, SPECT (single photon emission computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gallium scans.

Decision rationale: The California MTUS, and ACOEM do not specifically address the requested service. The ODG states gallium scans are clinically indicated if there exists the suspicion for osteomyelitis, cancer or metastatic disease or occult fracture. The clinical documentation does mention the possible cause of continued pain as osteomyelitis however the workup is not complete and the imaging studies should not be performed prior to completion of the diagnostic work up. Therefore the request is not medically necessary.