

Case Number:	CM15-0118322		
Date Assigned:	06/26/2015	Date of Injury:	03/04/2005
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old male who reported an industrial injury on 3/4/2005. His diagnoses, and/or impressions, are noted to include: low back pain; post-lumbar spine surgery syndrome; chronic pain due to trauma; multi-level lumbar disc disease with radiculopathy - post-lumbar laminectomy/syndrome; mechanical back pain; degenerative joint disease; and obesity. No current imaging studies are noted. His treatments are noted to include surgeries: ineffective; an industrial report dated 12/30/2014; an agreed medical evaluation; chiropractic and massage treatments with some improvement; consultations; diagnostic studies; cold therapy with some improvement; physical therapy which caused increased pain; medication management with some effectiveness; a 1 time nerve block years prior, ineffective; transcutaneous electrical nerve stimulation unit therapy, some relief; an Emergency Room visit for exacerbation of pain, with effective treatment with Dilaudid; and rest from work as he is retired. The progress notes of 5/15/2015 reported ongoing, intense pain in his low back that went down to his legs/toes that remains the same, and is relieved some by rest, cold therapy, alcohol (quit in 2/2015), and his medications. Objective findings were noted to include obesity; bilateral knee braces with cane; incomplete thought processes with limited understanding of the underlying treatment plan; limited insight, impaired memory with lack of recall; visible evidence of osteoarthritis, without substantial joint effusion, of the extremities; mild edema to the lower extremities at the ankles; positive ataxia and Romberg test with 3 beats of nystagmus; fine resting tremor; absent patellar and Achilles deep tendon reflexes; a tandem antalgic gait with hesitant transferring from sit to stand that is accompanied by severe pain, diaphoresis and tachypnea until re-seated; a 50%

globally reduced cervical range-of-motion; and axial tenderness to the lumbosacral area with equivocal sacroiliac joint test and decreased range-of-motion. The physician's requests for treatments were noted to include proceeding with the recommended "SPECT" bone scan to evaluate for pseudo-arthritis or pars fracture at the lumbosacral level, or perhaps even hardware loosening causing his high-levels of pain caused by his mechanical back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body bone scan with SPECT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to ODG guidelines, Bone scan (imaging) "Recommended after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%." There is no clear evidence that the patient developed one of the above conditions. Therefore, the request for whole body bone scan with SPECT is not medically necessary.