MAXIMUS Federal Services

Case Number:	CM15-0123308		
Date Assigned:	07/07/2015	Date of Injury:	12/04/2008
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on 12/4/08. The injured worker reported head, neck, shoulders (bilaterally), knees and back pain. Treatment to date has included CT scan, MRI, x-rays, urine drug screen, electromyography, physical therapy, trigger point injections, surgery and psychological support. Currently, the injured worker complains of low back pain that is constant and exacerbated when she sits. She also reports bilateral inguinal area pain and she must hold her hips in an external rotated position when she lies down. She reports neck pain that radiates to her upper extremities with the left being greater than the right. There is numbness, tingling and an abnormal feeling in her middle, ring and small fingers bilaterally and weakness on the left side. She continues to experience right knee pain and feels a crackling and popping sensation. The pain is exacerbated when she bears weight. She also reports sleep disturbance. The injured worker is diagnosed with cervical spondylosis without myelopathy and other unspecified disc disorders of lumbar region, and she is to remain off work. A note dated 2/25/15 states continued neck, low back and right knee pain. Guarding and tenderness in noted in the cervical and lumbosacral spine. The note also states the injured worker experienced a 20% improvement with surgery. In a note dated 3/2/15, the injured worker is experiencing a 50-60% improvement in her pain and lasting 6-8 weeks with the trigger point injections, and her pain is decreased to 2/10 with medication. A note dated 3/3/15 states the injured worker did not experience efficacy from physical therapy. The note also states there is a minimal decreased range of motion in all planes of the lumbar spine and decreased sensation on her entire left side. A note dated 4/27/15 states a right knee MRI revealed medial and lateral

meniscus tears. There is grinding and tenderness noted on examination. A lumbosacral spine CT scan was done on 5/15/15, which reveals the potential for loosening of the screws. On examination, dated 5/20/15, there is cervical tenderness and muscle guarding noted. There is a mild sensory deficit noted in the middle, right and small fingers of her hands bilaterally, with left being greater than right. Generalized weakness is noted in her upper extremities as well as a weakened left hand grip. Examination of the right knee reveals tenderness and crackling along the joint. A lumbosacral spine bone scan is requested to determine if the fusion is solid, as the CT scan was not entirely definitive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Lumbosacral Spine: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, bone scan lumbosacral spine is not recommended except for bone infection, cancer or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. In this case, the injured worker's working diagnoses are cervical spondylosis primarily C4 -C5 and C5 the eighth postoperative; cervical spondylosis at C6- C7 by CAT scan May 17, 2013; degenerative disc disease L5- S1 with radiculopathy lower extremities, postoperative lumbar fusion and discectomy October 7, 2013; and rule out torn medial meniscus right knee. The injured worker is status post L5- S1 fusion. An MRI of the lumbar spine was performed. The results were not available in the medical record for review. The worker had a CAT scan of the lumbar spine. On sagittal views, "there is the suggestion of potential loosening of the superior screw; however this does not appear to be the case on axial views. The provider indicates because of the artifact in the screws I cannot be absolutely certain the fusion is solid. Additionally, the bone is somewhat scanty on the axial views but does appear to be intact." Subjectively, the injured worker has low back pain and pain in the bilateral inguinal areas. Objectively, there is guarded movement, no sensory deficit and no motor deficit. There is no documentation in the medical record of infection, inflammatory arthropathy, and significant fracture or other significant bone trauma or metastases to warrant a bone scan of the lumbar spine. Consequently, absent clinical documentation indicating infection, inflammatory arthropathy, significant fracture or other significant bone trauma or metastases, bone scan lumbosacral spine is not medically necessary.