

Case Number:	CM15-0126580		
Date Assigned:	07/13/2015	Date of Injury:	12/31/1996
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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 63 year old female, who sustained an industrial injury on 12/31/1996. Diagnoses have included lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, lumbar spine pain and osteoarthritis. Treatment to date has included spinal fusion and medication. According to the progress report dated 5/20/2015, the injured worker complained of back pain. She rated her pain as 6/10. She reported that she could not keep up with her housework. The injured worker appeared to be in mild distress. She was moving around reasonably. Authorization was requested for a whole body bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan - Whole Body: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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 - whole body is not medically necessary. Both scans are 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 history of spinal fusion 360 instrumental fusion L2 - S1; and an anterior disc fusion C-4 - C7. The date of injury is December 31, 1996. Request for authorization is dated May 26, 2015. Subjectively, the injured worker complains of ongoing low back pain. The treating provider is questioning whether the injured worker is remaining solidly fused. There were marked degenerative changes at L1 - L2. Objectively, the worker has good balance with negative straight leg raising. The treating physician's rationale for a bone scan is to evaluate the levels at L1 - L2 as a precursor to surgery to extend the fusion. Bone scans are 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. There is no documentation of bone infection, cancer or arthritis. There were no metastases, inflammatory arthropathies or significant bone trauma in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, bone scan - whole body is not medically necessary.