

Case Number:	CM15-0178611		
Date Assigned:	09/18/2015	Date of Injury:	01/27/2010
Decision Date:	10/22/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 1-27-2010. The injured worker was being treated for low back pain with lumbar radiculopathy, status post previous L4-5 and L5-S1 separate decompressions, with severe L4-5 and L5-S1 disc degeneration, facet arthropathy, L5-S1 spondylosis with severe foraminal stenosis, L3-4 disc degeneration with facet arthropathy and lateral recess stenosis, and L1 subacute compression fracture. Her past medical history included hypertension, arthritis, and hyperlipidemia. Treatment to date has included diagnostics, lumbar spinal surgery in 2009, physical therapy, back brace, and medications. Magnetic resonance imaging of the lumbar spine (7-23-2015) noted L5-S1 degenerative anterolisthesis, 25% L1 compression fracture with edema suggestive of subacute insufficiency or traumatic fracture. A neurosurgical consultation was requested to see if proceeding with a lumbar corticosteroid epidural injection would be advisable, in the background of an L1 compression fracture. Currently (per neurosurgical consult 8-25-2015), the injured worker complains of chronic back pain and leg pain, with radiation down both lower extremities, initially right more than left, but now the left side was more severe and the pain in her back and legs was equal in severity. Her chronic pain became more significant in April. Her medications included Lipitor, Calcium, Celebrex, Glucosamine complex, Norco, Krill oil, Prinivil, Zestril, Ativan, Toprol XL, multivitamin, and Lyrica. Exam noted tenderness to palpation in her mid and lower thoracic spine, mid and lower lumbar-sacral spine, and diminished range of motion. She had normal strength and diminished sensation over the posterior and lateral calf on the right, the lateral thigh on the right, and dorsum and lateral foot,

including the great toe. There was also diminished sensation over the left lateral calf and dorsum of the left foot. Gait was with significant discomfort and a chronic right sided leg limp. The treatment plan included to rule out either a primary neoplasm or metastatic disease, resulting in compression fracture with no history of trauma. The treatment plan included a NM whole body bone scan, non-certified by Utilization Review on 9-09-2015. Also requested were computerized tomography of the lumbar spine without contrast, DXA bone density axial skeleton, and x-ray of the lumbar spine (AP, lateral, obliques, flexion and extension), which were certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan-NM bone scan whole body: 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-Lumbar & Thoracic (Acute & Chronic), bone scan.

Decision rationale: The claimant sustained a work injury in January 2010 and was seen by the requesting provider for an initial evaluation on 08/26/15 with low back and bilateral leg pain. She had worsening symptoms over the past several months. She had less pain when lying down. She had a history of a lumbar decompression at L5/S1 and a second surgery at L4/5. She had not had recent physical therapy. She had recently been given a back brace. Her past medical history was positive for hypertension, arthritis, and hyperlipidemia. Physical examination findings included decreased thoracic and lumbar range of motion with tenderness. There was decreased lower extremity sensation and a chronic right sided limp was present. An MRI of the lumbar spine done one month before included findings of a subacute L1 compression fracture with severe degenerative disc disease at L4/5 and L5/S1. Recommendations included a bone scan to rule out metastatic disease. A bone scan can be recommended when there is concern regarding the presence of bone infection, cancer, or arthritis. In this case, the claimant had an MRI of the lumbar spine showing findings of a compression fracture without concern for metastatic disease and there is no history of cancer or red flags that suggest that the claimant may have metastatic disease. The bone scan is not considered medically necessary.