

Case Number:	CM15-0028325		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2014
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 28-year-old [REDACTED] beneficiary who has filed a claim for low back reportedly associated with an industrial injury of December 17, 2014. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve requests for a bone scan and repeat CT scan of the sacrum while apparently approving a lumbar MRI. The claims administrator referenced an RFA form received on January 21, 2015 in its determination. The applicant's attorney subsequently appealed. X-rays of the sacrum and coccyx dated December 31, 2014 were read as negative. CT imaging of the lumbar spine dated December 31, 2014 was also read as negative for any acute fracture or soft tissue mass. In a January 22, 2015 chiropractic progress note, the applicant was placed off of work, on total temporary disability. The applicant exhibited tenderness about the sacrum, coccyx, lumbar paraspinal musculature, and SI joints. 8-9/10 pain complaints were noted, with paresthesias about the left leg. The treating provider stated that the applicant was pending a CT scan, bone scan, and lumbar MRI. The applicant was placed off of work, on total temporary disability. In an earlier note dated January 2, 2015, the applicant's primary treating provider (PTP), a chiropractor, again stated that the applicant would remain off of work, on total temporary disability. A bone scan of the sacrum, repeat CT scan of the sacrum, and MRI of lumbar spine and pain management consultation were endorsed while the applicant was kept off of work. It was not stated for what purpose the imaging studies at issue were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan-sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 309; 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 311.

Decision rationale: No, the proposed bone scan of the sacrum was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Algorithm 12-1, page 311 notes that bone scan can be considered in applicants in whom cancer or infection is suspected if earlier plain film radiography is negative, in this case, however, it was not clearly stated what was sought, it was not clearly stated what was suspected. The requesting provider, a chiropractor (DC), did not clearly state for what purpose the bone scan at issue was ordered. There was no mention of the applicant's having a suspected cancer or infection. It was not stated what the bone scan at issue could uncover that previously approved MRI imaging could not. Therefore, the request was not medically necessary.

Repeat CT scan-sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 311.

Decision rationale: Similarly, the request for repeat CT scanning of the sacrum was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Algorithm 12-1, page 311 does acknowledge that CT scanning can be employed in applicants in whom there are red flags for suspected spinal fracture or applicants in whom there are red flags for suspected dissecting aortic aneurysm, in this case, however, as with the preceding request, it was not clearly stated what was sought. It was not clearly stated what was suspected. There was no mention of the applicant's having suspected abdominal aortic aneurysm (AAA), nor was there any mention of the applicant's having issues with an occult vertebral fracture. The requesting provider, a chiropractic (DC) did not, furthermore, establish why he was seeking repeat CT imaging so soon after the applicant had had earlier negative CT imaging of the lumbar spine, nor did the requesting provider state why he was seeking repeat CT scanning in conjunction with MRI imaging and bone scanning. Therefore, the request was not medically necessary.