

Case Number:	CM15-0065872		
Date Assigned:	04/13/2015	Date of Injury:	08/31/2009
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 40 year old male, who sustained an industrial injury, January 7, 1993. The injured worker received the following treatments in the past CT scan lumbar spine, physical therapy and injections. The injured worker was diagnosed with lumbar/lumbosacral disc degeneration, painful retained hardware in the right side status post pelvic bolt removal, residual right leg radiculopathy and status post fusion L5-S1 and S2. According to progress note of March 9, 2015, the injured workers chief complaint was severe pain across the lower back that travels into the bilateral lower extremities, right greater than the left. The pain then radiates into the buttocks, causing significant amount of pain. The physical exam noted diffuse tenderness in the lumbosacral junction over the L4-L5 and S1 segments. The injured worker continues to have positive straight leg raises on the right at 30 degrees and on the left at 45 degrees. There were no major motor or sensory deficits. The treatment plan included limited bone scan of the lumbar spine, looking for increased uptake that could indicate pseudoarthrosis and chronic inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limited bone scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Special Studies and Diagnostic and Treatment Consideration, pages 303-305. Decision based on Non-MTUS Citation ODG, Low Back, Bone Scan, page 376.

Decision rationale: The ACOEM Treatment Guidelines for Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations supports radiographs and/or bone scans when red-flags conditions (i.e. infection, fracture, cancer) are suspected. The patient had recent CT scan on 2/27/15 showed L5-S1 and S2 fusion without radiolucency around the screws indicating pseudoarthrosis. Bone scans are not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if chronic pain persists. However, it may be appropriate when the physician believes it would aid in patient management when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are evidence; however, submitted clinical reports only noted lumbar exam with essentially intact neurological findings without report of new injury, acute flare-up, or red-flag conditions. There is no demonstrated acute findings of neurological deficits or change in clinical condition to warrant for the bone beyond guidelines criteria. The Limited bone scan of the lumbar spine is not medically necessary and appropriate.