

Case Number:	CM15-0071985		
Date Assigned:	04/22/2015	Date of Injury:	02/15/2010
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 2/15/10. She reported initial complaints of a fall on to her coccyx and lower lumbar spine. The injured worker was diagnosed as having chronic pain syndrome, psychic factor associated with disease, degeneration of lumbar or lumbosacral intervertebral disc, herniated lumbar disc, coccygodynia, sacroccygeal ligament strain. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; TENS unit; lumbar epidural steroid injection; medication; MRI lumbar spine-no report (4/27/2011); MRI coccyx-no report (2011) whole body scan (3/17/15). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complains back pain with a severity of pain level 0f 7/10. The location of the pain is lower back and tailbone pain that is radiated to the bilateral buttocks. Symptoms are aggravated by sitting, standing, twisting, walking and driving, and relieved by heat, lying down and pain medications (Norco, Gabapentin and Flexeril.) She has had lumbar epidural steroid injection in the past as a treatment for back pain; injection into coccyx with temporary relief (9/10/13). The provider's treatment plan includes a request for a Whole Body Scan to rule out an infection, inflammation, or fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.acr.org.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 63-year-old female has complained of low back pain since date of injury 2/15/10. She has been treated with acupuncture, epidural steroid injections, TENS and medications. The current request is for a whole body scan. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, whole body scan is not indicated as medically necessary.