

Case Number:	CM15-0091447		
Date Assigned:	05/15/2015	Date of Injury:	05/13/2009
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 68-year-old male, with a reported date of injury of 05/13/2009. The diagnoses include lumbar facet syndrome, right sacroiliac arthralgia, right lumbar facet arthralgia with discogenic pain, and right sciatica. Treatments to date have included oral medication, topical pain medication, an MRI of the lumbar spine in 2013 which showed mild disc bulging with moderate to severe facet hypertrophy at L3-4, L4-5, and L5-S1, and x-rays of the lumbar spine. The follow-up evaluation report dated 03/27/2015 indicates that the injured worker had low back pain with radiation of pain to the right lower extremity. He stated that he had been having flares on a regular basis. The pain escalated to 10 out of 10 in severity. The injured worker was better with the use of medications where the pain decreased to 5 out of 10. It was noted that the injured worker used Norco and Butrans sparingly because they caused the non-passage of urine due to swelling of his prostate, and he had gastritis with use of the oral anti-inflammatory medications. An examination of the lumbar spine showed moderate pain at the bilateral L5-S1 more than L4-5 with paraspinal spasms, decreased lordosis, deferred range of motion, positive bilateral straight leg raise test, normal motor strength throughout both lower extremities, and intact sensibility. The treating physician requested a bone scan of the lumbar spine. It was documented that the scan was ordered to rule out any other pathology, such as a possible fracture, since previous x-rays had been unremarkable and the extent of the pain was not explained by the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan, lumbar spine, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic), bone scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Special Studies and Diagnostic and Treatment Consideration.

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, none demonstrated here. The patient had recent MRI scan which showed mild disc bulging and facet hypertrophy. Bone scans are not recommended in patients with low back pain in the absence of red flags for serious spinal pathology or instability from fracture or cancer etiology along with infectious nature, 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 indicate essentially intact neurological findings in motor strength and sensation 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 Bone scan, lumbar spine, Qty: 1.00 is not medically necessary and appropriate.