

Case Number:	CM15-0091996		
Date Assigned:	05/18/2015	Date of Injury:	11/01/2010
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury on 11/01/10. He subsequently reported back pain. Diagnoses include cervical disc degeneration. Treatments to date include MRI and x-ray testing, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience back pain. Upon examination, restricted range of motion was noted and straight leg raise causes back pain. A request for a bone scan was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck chapter.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states the requested service is indicated in the evaluation of occult fracture and

metastatic cancer. The provided clinical documentation does not indicate that either of these are considerations. Therefore, the request is not medically necessary.