

<b>Case Number:</b>	CM15-0093863		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 53 year old male, who sustained an industrial injury on 11/10/12. He reported initial complaints of a fall from 20 feet resulting in a left scapula fracture, rib fractures and left hematoma to the left buttock/proximal thigh. The injured worker was diagnosed as having Grade I spondylolisthesis L5-S1/bilateral L5 pars defect/chronic lumbago; Thoracic and cervical spondylosis; status post left scapula fracture; left frozen shoulder; left carpal tunnel syndrome. Treatment to date has included evacuation of hematoma; medications. Diagnostics included MRI brain (1/14/13); MRI left shoulder (1/14/13); CT left hip (3/8/2013); MRI lumbar, thoracic and cervical spine (5/2013); EMG/NCV left upper extremity (4/2014). Currently, the PR-2 notes dated 3/25/15 indicated the injured worker complains of multiple pains and problems without any adequate treatment besides physical therapy and pain medications. He complains of low back pain more toward the left side which is severe, constant and interferes with daily activities. He states he has numbness of the right buttock and right proximal thigh ever since the hematoma. He complains of severe intermittent pain that is aggravated by any activities between the shoulder blades and more on the left. He has left hand numbness, and to be exact of his pal, index, middle and ring fingers. Since the fall incident he has been having left shoulder pain and decreased range of motion. The injured worker relates that an MRI of the left shoulder was obtained and discussed with an orthopedic doctor and noted that surgery was not going to be helpful in this situation. Physical examination reveals cervical spine range of motion as decreased producing some neck discomfort. The left shoulder range of motion is significantly decreased with 90 degrees of flexion and abduction, positive impingement sign. There is

decreased range of motion in the bilateral wrists as well. The lumbar spine examination reveals decreased range of motion due to back pain. There is significant superficial tenderness to light touch at the left sacroiliac region. Straight leg raise is negative bilaterally and motor and sensory examination note lower extremities as intact. The provider is requesting a CT scan of the Lumbar Spine with Sagittal Reformations and Bone Scan-Total Body to evaluate for possible fractures and for the possibility of an unhealed scapula fracture.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CT Scan of the Lumbar Spine with Sagittal Reformations: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, CT (computed tomography).

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

**Decision rationale:** Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports have adequately demonstrated the indication for the CT scan of the Lumbar spine to evaluate for pars defect best by CT imaging with documented clinical findings and deteriorating ADLs to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan of the Lumbar Spine with Sagittal Reformations is medically necessary and appropriate.

#### **Bone scan, total body: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Bone scan.

**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 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, cancer) are suspected, none demonstrated here. The patient had previous imaging without said conditions. Bone scans are not recommended in patients with low back pain in the absence of red flags for serious spinal pathology or instability or cancer etiology along with infectious nature, even if chronic pain persists. There are no demonstrated acute findings of neurological deficits or change in clinical condition to warrant for the bone beyond guidelines criteria. The Bone scan, total body is not medically necessary and appropriate.