

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/19/2013
Date of Injury:	3/3/2006
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017583

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bone scan to further evaluate for pseudarthrosis** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bone scan to further evaluate for pseudarthrosis** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 53-year-old female with a date of injury of 03/03/06 after lifting a case of water. The claimant was status post 04/23/07 L3-4 discectomy and lumbar fusion L2-5, 01/19/10 revision fusion L2-3 and L3-4, and 08/12/11 right sacroiliac joint injection. The bone scan, dated 08/31/12, was negative for sacroiliac joint abnormalities. The electromyography report, dated 09/10/12, revealed no evidence of lumbar radiculopathy or plexopathy affecting the L3 through S1 lower motor nerve fibers of the bilateral lower extremities.

The claimant received treatment from [REDACTED] of pain management almost monthly through July 2013 for neck and back pain. She was using a Duragesic patch and taking Percocet, Lyrica, Soma and ibuprofen. Examination revealed decreased sensation on the left C6 and C7 dermatomes, positive Spurling's on the left and 5-/5 for the bilateral upper extremities. The left extensor hallucis longus was 5-/5. She had lumbar tenderness and spasms. Straight leg raise was negative bilaterally. She had a positive facet challenge bilaterally and positive Faber bilaterally. [REDACTED] stated the MRI with and without contrast showed postoperative changes including bilateral pedicle screw and rod fixation spanning L2-L4 levels, laminectomy related changes L4-S1, fluid signal seen within the L3-4 and L5-S1 disc space likely postoperative. [REDACTED] stated clinical concerns for early infectious process should include further evaluation. There was mild epidural post contrast enhancement spanning the level of L4 and L5 along the posterior margins of the vertebral bodies, most compatible with granulation tissue, 4 millimeters of anterolisthesis at L4 and L5, central zone annular fissure. In combination with facet hypertrophy there was moderate left sided neural foraminal stenosis. [REDACTED] stated at L1-2 there was a 4 millimeter bulge in combination with facet disease resulting in moderate to severe right and mild to moderate left neuroforaminal stenosis. [REDACTED] stated the infection panel on 06/04/13 was normal with normal sedimentation rate, normal white blood cell count and normal C-reactive protein. Diagnosis was status post

lumbar fusion, cervicalgia with radicular, bilateral sacroiliitis and chronic pain. Recommendations were to follow-up with [REDACTED], Duragesic patch, Lyrica, Soma, ibuprofen and Percocet.

[REDACTED] examined the claimant on 07/12/13. She had neck and mostly low back pain which was increasing. She underwent a caudal lumbar epidural injection with no benefit. Examination revealed decreased sensation in the L4, L5 and S1 dermatomes on the left. Tibialis anterior, extensor hallucis longus, inversion and eversion were 4+/5 bilaterally and were limited by pain. Quadriceps and hamstrings were 5-/5 bilaterally.

[REDACTED] stated the MRI of the lumbar spine, dated 05/15/12, showed extensive postoperative changes L2-S1 with retrolisthesis at L1-2 and with L4-5 mild right neural foraminal narrowing. [REDACTED] stated x-rays of the lumbar spine that day showed the hardware was intact at L2, L3 and L4, and there was some adjacent segment disease at L1-2. Diagnosis was lumbar radiculopathy, left hip arthralgia, status post revision fusion L2-3 and L3-4. [REDACTED] has requested computed tomography (CT) of the lumbar spine and a bone scan to determine if there was a pseudarthrosis.

On 08/19/13, [REDACTED] performed a peer review. [REDACTED] denied the bone scan as the CT of the lumbar spine was recently recommended and it was noted that the bone scan should not be performed until the results of the CT are known. It was noted that the claimant had a previous CT in 2012 which showed a possible pseudoarthrosis and no surgery was recommended at that time.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

[REDACTED]

1) Regarding the request for bone scan to further evaluate for pseudarthrosis

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guidelines, page 304, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back, Bone Scan, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Chapter Low Back, Bone scan section.

Rationale for the Decision:

The medical records submitted for review indicate that the employee was seen in July 2013 for increased low back pain. There was a concern for infection and recommendation for both a computed tomography (CT) and a bone scan was made. The records indicated that a CT of the lumbar spine was recommended by the peer reviewer in August 2013. The Official Disability Guidelines state a bone scan is not recommended except for bone infection, cancer, or arthritis. It would be reasonable to wait until the results of the lumbar CT were known before proceeding with a bone scan. **The requested bone scan to further evaluate for pseudarthrosis is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations

[Redacted]

/srb

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