

Case Number:	CM14-0172933		
Date Assigned:	10/23/2014	Date of Injury:	09/23/2014
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case is a 59 year old male with a date of injury on 9/23/2014. A review of the medical records indicates that the patient has been undergoing treatment for lumbar strain and unspecified lumbar vertebral fracture. Subjective complaints (9/24/2014) include back pain. Objective findings (9/24/2014) include "L1 and L3 age indeterminate superior endplate compression fracture" from X-rays, mild tenderness of lumbar paraspinals, no spinous process tenderness, and normal neurological exam. Treatment has included NSAIDS, Percocet. A utilization review dated 10/2/2014 non-certified a request for Bone Scan to determine age of L1 and L3 compression fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan to determine age of L1 and L3 compression fracture: 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), Low Back Chapter, Bone Scan

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan Other Medical Treatment Guideline or Medical Evidence: uptodate, pseudoarthrosis

Decision rationale: ODG states that bone scans are "not recommended, except for bone infection, cancer, or arthritis." The medical documentation does not indicate concerns for bone infection, cancer, or arthritis. ACOEM states that imaging studies may be recommended if there is an "Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure". There is no evidence to suggest that any of the ACOEM criteria is met. There was no documented red flag, physiological evidence of tissue insult or neurological dysfunctions. The treating physician does not detail how a bone scan would aid in the treatment of the patient. As such, the request for Lumbar Spine Bone Scan is not medically necessary.