

P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 4/2/09

IRO CASE #:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bone scan with SPECT lumbar spine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o December 8, 2008 Lumbar MRI read by Dr.
- o December 10, 2008 Medical report
- o January 22, 2009 Progress report from Dr.
- o January 30, 2009 Adverse determination letter
- o January 27, 2009 Request for authorization from Dr.
- o February 19, 2009 Adverse determination letter - reconsideration
- o March 13, 2009 Medical Evaluation - DD examination report from Dr. , 38 pp.
- o March 19, 2009 Request for IRO from Dr.
- o March 30, 2009 Letter to IRO coordinator

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records submitted for review, the patient is an employee who sustained an industrial injury to the back when he fell on his back while moving a piece of equipment and the top end came down.

Lumbar MRI was performed on December 8, 2008 and shows an unremarkable study with no evidence of acute traumatic injury.

The patient was seen on December 10, 2008 to learn the MRI results. He reports persisting low back pain that radiates upward toward the thoracic spine. There is tenderness in the lumbar region. Left straight leg raise elicits pain at approximately 60-70

degrees; right straight leg raise elicits pain at approximately 70-80 degrees. As conservative treatment is not helping, he is referred to pain management.

The patient was examined in pain management for a lumbar strain on January 22, 2009. He reports a tire fell on him knocking him to the ground. Physical therapy and medications have not been helpful. He reports constant pain and occasional weakness and numbness in his legs. He reports a pain level of 3-10/10. He smokes cigarettes. He is 6' and 162 pounds. There is tenderness in the lumbar region. SI joint stressing causes pain. Lumbar range of motion is restricted and painful. He has a normal neurologic examination. The plan is to start with Indocin 50 mg and Dantrium 25 mg and a bone scan with SPECT to clarify any area of inflammation or irritation. If the bone scan is negative, we will consider facet injections or even discography.

Request for lumbar bone scan with SPECT was not certified in review on January 30, 2009 with rationale that the working diagnosis is not bone infection, cancer, or arthritis and other more efficacious studies are available for the condition according to ODG treatment guidelines.

Request for reconsideration for lumbar bone scan with SPECT was not certified in review on February 19, 2009 with rationale that ODG do not support use of this test for evaluation of low back pain. A SPECT scan can aid with the evaluation of facet mediated pain. The medical records fail to document signs of facet mediated pain such as a positive Kemp's test. There is only nonspecific lumbar pain in all plains of motion.

The patient attended a Designated Doctor examination of March 13, 2009. The patient past medical history includes depression, anxiety, sexual problems and migraines. He is not currently in active treatment. He reports occasional allover weakness. He has burned his hand with a cigarette which he attributes to Neurontin. He has stopped all medication except for Celebrex. He reports loss of sex drive because of his injury. He was offered a light duty position but did not return to work. The patient's provider documented a normal physical examination on January 21, 2009. Nonetheless, he diagnosed a lumbar radiculopathy. His lumbar MRI is unremarkable. He smoked a pack of cigarettes daily until his injury when he quit. On examination, there is some restriction in lumbar ranges of motion and significant leg length discrepancy, otherwise examination findings are normal. There are 6 out of 8 positive Waddell's signs which is significant for symptom magnification. Testing shows severe depression, severe anxiety, fear avoidance behavior and validity problems. Testing indicates a diagnosis of undifferentiated somatoform pain disorder, borderline personality disorder, leg length discrepancy of 3 cm right leg short, lack of motivation for functional improvements. He is MMI as of November 12, 2008 and could have returned to full duty at that time. Impairment is zero.

On March 19, 2009 the provider requested an IRO.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Per ODG bone scans are not recommended, except for bone infection, cancer, or arthritis. The medical records fail to document the patient as having conditions that meet ODG criteria to warrant a bone scan with SPECT. Therefore, my recommendation is to agree with the previous non-certification of the request for bone scan with SPECT lumbar spine.

The IRO's decision is consistent with the following guidelines:

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

____ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

____ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

____ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

____ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

____ INTERQUAL CRITERIA

____ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

____ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

____ MILLIMAN CARE GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

____ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

____ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &

PRACTICE PARAMETERS

____ TEXAS TACADA GUIDELINES

____ TMF SCREENING CRITERIA MANUAL

____ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)

____ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

The Official Disability Guidelines - Lumbar Chapter - Bone Scan - Updated March 17, 2009

Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma.