

Case Number:	CM13-0037851		
Date Assigned:	01/15/2014	Date of Injury:	04/18/2012
Decision Date:	06/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/24/2013

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:

The patient is a 32-year-old female who has submitted a claim for cervicgia associated with an industrial injury date of April 18, 2012. The medical records from 2012-2013 were reviewed, the latest of which dated September 25, 2013 revealed that the patient is having progressive stress and a lot of pain in the base of the neck, upper back, and lower back area. On physical examination, there was diffused tenderness in the entire spine and musculature. Neck motion was guarded. Active range of motion of the thoracolumbar spine was severely limited. The patient can only perform forward flexion to approximately 20 degrees, extension to approximately 5 to 10 degrees, pain limited, and lateral bending to approximately 5 degrees, pain limited. A MRI of the cervical spine done last June 15, 2012 revealed a large disc extrusion at C5-C6. A MRI of the cervical spine done last January 17, 2013 revealed a good decompress of the spinal canal with minimal C4-C5 disc protrusion. The treatment to date has included C5-C6 discectomy and fusion (7/30/12), physical therapy, and medications, which include Medrol and Zanaflex. A Utilization review from October 4, 2013 denied the request for 1 whole body bone scan related to cervical and thoracic spine injuries because there is no indication that a fracture, infection, osteomyelitis or complex regional pain syndrome is being ruled out.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WHOLE BODY BONE SCAN RELATED TO CERVICAL AND THORACIC SPINE INJURIES, AS AN OUTPATIENT: 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), Pain Chapter, CRPS, Diagnostic Tests, Bone scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CRPS, Diagnostic Tests, Bone scan Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin (<http://aetna-health.healthline.com/smartsource/healthwisecontent/medicaltest/hw200283>)

Decision rationale: The CA MTUS does not specifically address the topic on bone scan. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states that bone scans have been suggested for use as additional tool for diagnosis, with use based on the patient's medical presentation. It is recommended for select patients in early stages to help in confirmation of the diagnosis. Routine use is not recommended. In addition, Aetna Clinical Policy Bulletin recommends bone scan to find bone cancer or determine whether cancer from another area; to diagnose the cause or location of unexplained bone pain; to determine the location of an abnormal bone in complex bone structures; to diagnose hip fracture or a stress fracture, not clearly seen on X-ray; and to find infection or other conditions. In this case, full body bone scan was requested to evaluate the chronic neck and upper back pain. The most recent clinical evaluation revealed significant physical examination findings in the cervical area, such as, tenderness and restricted range of motion. However, there is no progression of symptoms or recent injury that warrants further investigation. The medical necessity of whole body bone scan was not established. Therefore, the request for 1 whole body bone scan related to cervical and thoracic spine injuries is not medically necessary.