MAXIMUS Federal Services

Case Number:	CM13-0041852		
Date Assigned:	12/20/2013	Date of Injury:	03/17/2009
Decision Date:	03/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular 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 physician 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 is a 54 year old injured worker who sustained a work-related injury on March 17, 2009. She subsequently developed chronic and back pain. According to the progress note dated on February 11, 2013, the patient reported an aching, burning, pounding and sharp neck pain radiating to her left arm. The pain becomes worse with movements, and improved with pain medications and injections. The patient was tried with spinal injections with good relief. Medications include, Lamical, Ambien, Soma, Suboxone, Robaxin, Lamictal, Ibuprofen, and Seroquel. Her physical examination demonstrated tenderness in the cervical and lumbar paraspinal area with reduced range of motion. Facet loading pain was positive bilaterally. Similar findings were observed on June 3 2013. MRI demonstrated multilevel lumbar degeneration. The patient did not respond to epidural injections. The patient was diagnosed with lumbar radiculopathy, cervical radiculopathy, facet spondylosis, myofascial pain, occipital neuralgia, and depression due to chronic pain. Her provider requested authorization for bone scan spectroscopy of the neck and the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Spectroscopy with computed tomography (CT) Fusion Cervical Spine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic, SPECT)(single photon emission computed tomography).

Decision rationale: According to the Official Disability Guidelines (ODG), Bone Scan Spectroscopy with computed tomography (CT) Fusion Cervical Spine, is not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials. Bone scintigraphy with SPECT can help identify patients with low back pain who would benefit from facet joint injections. This trial showed a 87% success rate when indicated by SPECT versus 13% when not indicated by SPECT. Without SPECT the success rate of facet injections was 31%. Based on the above mentioned criteria and the medical records provided for review the patient is not candidate for facet injection. The request for a Bone Scan Spectroscopy with computed tomography (CT) Fusion Cervical Spine is not medically necessary and appropriate.

Bone Scan Spectroscopy with computed tomography (CT) Fusion Lumbar Spine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic, SPECT)(single photon emission computed tomography).

Decision rationale: According to the Official Disability Guidelines (ODG), Bone Scan Spectroscopy with computed tomography (CT) Fusion Cervical Spine, is not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials. Bone scintigraphy with SPECT can help identify patients with low back pain who would benefit from facet joint injections. This trial showed a 87% success rate when indicated by SPECT versus 13% when not indicated by SPECT. Without SPECT the success rate of facet injections was 31%. Based on the above mentioned criteria and the medical records provided for review the patient is not candidate for facet injection. The request for a Bone Scan Spectroscopy with computed tomography (CT) Fusion Lumbar Spine is not medically necessary and appropriate.