

Case Number:	CM13-0063264		
Date Assigned:	12/30/2013	Date of Injury:	08/24/1998
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 08/24/1998. The mechanism of injury was noted to be cumulative trauma. The patient had a fusion in 2006. The patient had complaints of neck pain and pain to the bilateral arms. The patient had decreased range of motion. The patient's diagnosis was noted to be disc degeneration, NOS. The request was made for a SPECT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT Bone Scan for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, SPECT (single photon emission computed tomography).

Decision rationale: Official Disability Guidelines do not recommend a SPECT scan for general use in back pain. They indicate that it is under study as a screening criterion for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The clinical documentation submitted for review failed to indicate the rationale for the SPECT bone

scan. Given the above, the request for a SPECT bone scan for the lumbar spine is not medically necessary.