

<b>Case Number:</b>	CM14-0050707		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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:

The injured worker is a male with date of injury 9/13/2010. Per primary treating physician's progress report dated 1/20/2014, the injured worker complains of neck and low back pain. He currently rates his neck pain 9/10 and low back pain 6/10. He has symptoms extending into the bilateral upper extremities and the left lower extremity. His condition is worsening. He is having more difficulty with his activities and the pain is waking him up at night. He has not had a bone scan, the pain psychology consultation, or physical therapy. His medications help with his pain and normalization of his function. He denies side effects to the medications. On exam his gait is antalgic. He walks with a steppage gait with a very wide stance. He has diffuse tenderness to palpation of the cervical and lumbar spine. The surgical sites are clean, dry and intact. The sensation is diminished of the left L5 and S1 dermatomes. The left wrist extension and triceps are 5-/5. The left wrist flexors, finger flexors, and finger extensors are 4+/5. The bilateral psoas, quadriceps and hamstrings are 4+/5. The left tibialis anterior is 5-/5. He is hyporeflexic of the upper and lower extremities, however there are absent patellar reflexes bilaterally. The straight leg raise test is limited on the left side to 30 degrees and this does cause symptoms extending to the foot. He has a positive slump test on the left side and a positive Spurling's test on the left side. Diagnoses include 1) grade I anterolisthesis at L3-4 2) retrolisthesis at L4-5 and L5-S1 3) multiple herniated nucleus pulposus (HNPs) of the lumbar spine with severe stenosis 4) status post cervical fusion at C5-6 and C6-7 5) status post microlumbar decompressive surgery at L5-S1 6) cervicogenic versus neurogenic headaches 7) foci of periventricular and subcortical white matter, T2 prolongation 8) osteophytes at C5-6 and C6-7 9) mild to moderate canal stenosis of the cervical spine 10) pseudarthrosis of C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE SCAN:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Bone Scan section.

**Decision rationale:** The MTUS Guidelines do not address the necessity of a bone scan. The Official Disability Guidelines (ODG) does not recommend the use of bone scan except for bone infection, cancer or arthritis. The request for bone scan is determined to not be medically necessary.