MAXIMUS Federal Services

| Case Number: | CM14-0055211 | | |
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| Date Assigned: | 07/07/2014 | Date of Injury: | 04/17/2008 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

## 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 patient is a 43 year-old male with date of injury 04/17/2008. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/05/2014, lists subjective complaints as pain in the cervical spine and shoulders. Objective findings: Examination of the cervical spine revealed restricted range of motion and tenderness to palpation with spasm. Barney sign was positive. There was no obvious atrophy in the upper extremities; however, the patient did have extensive spasm in the cervical spine and thoracolumbar region. Range of motion in the shoulders bilateral was restricted secondary to pain in all planes. Supraspinatus test was positive. Diagnosis: 1. Status post arthroscopic procedure of the right shoulder with superior labral repair, subacromial decompression, rotator cuff repair, and Mumford procedure 2. Status post second right shoulder surgery with arthroscopic procedure 3. Status post third right shoulder surgery with adhesion lysis 4. Adhesive capsulitis 5. Degenerative disc disease of the cervical spine 6. Gastrophathy secondary to medication use 7. Insomnia 8. Sexual dysfunction. Patient underwent a scan of the cervical spine in 09/27/2013. The report revealed Mild anterior spondylosis with degenerative change at the C1 to interval and postoperative changes at C6-7. 2, and Canal stenosis includes C7-T1, mild canal stenosis and neural foraminal narrowing includes C4-5, moderate right neural foraminal narrowing. Regarding his fusion, it appears to be a solid fusion with no halo surrounding the screws. There is a large anterior osteophyte at C5-6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical bone scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8, 182. 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) Neck and Upper Back (Acute & Chronic), Bone scan.

**Decision rationale:** According to the Official Disability Guidelines, bone scan is not recommended except as an option in follow-up evaluation of osseous metastases. There does not appear to be any recent studies of the patient's cervical spine, but the patient underwent a scan of the cervical spine on 09/27/2013. At that time, the fusion appeared to be solid and there was no halo effect surrounding the screws. The requesting physician states that he would like to rule out pseudoarthrosis at the fusion site, which was found to be solid in September 2013. In addition, there are no recent studies of the patient's cervical spine indicating the presence of either an infection or tumor, which as stated above, are indications for a bone scan. Therefore, the request is not medically necessary.