

Case Number:	CM14-0065561		
Date Assigned:	07/11/2014	Date of Injury:	12/04/2007
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 56 year-old male who reported an injury on 12/04/2007. The mechanism of injury was not provided. On 01/13/2014, the injured worker presented with back pain and pain in the right leg. Upon examination, there was a weakly positive straight leg raise to the right and weakness in the tibialis anterior on the right compared to the left and tenderness along the left superior iliac crest. An x-ray demonstrated fusion solidifying at the L4-5 level and the hardware was in a good position. The diagnoses were cervical spondylosis, cervical radiation in the right upper extremity, carpal tunnel syndrome for neurodiagnostic testing, lumbosacral sprain/strain, lumbar spondylosis L4-5 and L3-4, L4-5 right-sided nerve root tumor unknown etiology, facet arthrosis from the L4-5, evidence of hardware loosening at L4, and status post anterior lumbar interbody fusion followed by posterior revision of hardware on 10/22/2013. Prior therapies included surgery and physical therapy. The provider recommended 1 SPECT Bone Scan for the cervical spine with F18; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SPECT Bone Scan of cervical spine with F18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Bone Scan.

Decision rationale: The California MTUS/ACOEM guidelines state that if no improvement after 1 month, bone scan if tumor or infection possible. The Official Disability Guidelines do not recommend a bone scan as an option except for follow-up evaluation of osseous metastasis. Bone scanning should not be the initial procedure of choice for injured workers with chronic neck pain, regardless of the etiology, including trauma, arthritis, or neoplasm. For follow-up evaluation of osseous metastatic disease and malignant or aggressive musculoskeletal tumors, the bone scan of the whole body is a useful screening tool, but in cases of abnormal spine uptake, a CT can be used to better distinguish metastasis from degenerative changes. There was a lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendations for a bone scan evaluation. The provider's rationale was not provided. As such, the request is not medically necessary.