

<b>Case Number:</b>	CM14-0067112		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/21/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 injured worker is a 66 year old female with a date of injury of 05/21/07. There was no clinical documentation of mechanism of injury. The injured worker was status post cervical spine surgery in 2007. She underwent cervical laminectomy with posterior fusion extending from C4 to T2. She noted she had ongoing stiffness in her neck since and had progressive loss of range of motion. She had increasing spasms. She complained of increasing numbness and tingling in her hands and weakness in her arms. Pain was exacerbated by activities. She had findings suggestive of cervical radiculopathy. Physical examination on 04/03/2014, revealed a well healed posterior and anterior incision. There was limitation in range of motion of the cervical spine. There was 2+ tenderness and spasms. She had diffuse atrophy in the interossei muscle of the left hand. There was loss of range of motion of left shoulder. She had positive Tinel sign over the ulnar nerve at the left elbow. There was decreased sensation to pinprick over the fourth and fifth fingers of the left hand. Biceps, triceps, brachioradialis, knee jerks, ankles jerks were symmetrical. Babinskis were down going bilaterally. There was weakness of left hand involving the left abductor digiti quanti minimi, there was diffuse interossei weakness. Gait and balance were normal. Diagnosis; exacerbation of left ulnar nerve neuropathy secondary to traumatic injury, C8 radiculopathy on the left, Status post anterior cervical vertebrectomy and fusion C4-5 C5-6 and C6-7 status post cervical laminectomy and posterior cervical fusion C4 through T2. Computed tomography myelogram dated 04/29/14 C4-5 anterior fusion with strut graft anterior plate and laminectomy and bilateral facet screws and no residual overall canal stenosis. There was a right paracentral osteophyte, which usually which, which might mildly efface the right anterior aspect of the cord right sided osteophyte mildly narrowed right lateral canal which may affect the transversing or the traversing nerve root. C3-4 there was severe disc height loss with anterior fusion and laminectomy and no canal stenosis and right greater than left

uncinate hypertrophy and left greater than right facet hypertrophy resulting in moderately severe left greater than right residual neural foraminal stenosis. C5-6 anterior fusion strut graft anterior solid fusion and partial corpectomy and anterior and posterior lateral fusion and right paracentral residual osteophyte but no cord compression. C6-7 anterior and posterior lateral fusion minimal right uncinate hypertrophy but no significant neural foraminal or canal stenosis. C7-T1 anterior fusion there was no anterior plate or graft at this location. There were bilateral pedicle screws, there was no canal stenosis and the neural foramen was patent. T1-2 laminectomy and posterolateral fusion with interspinous wires and no canal or neural foraminal stenosis and posterolateral fusion laminectomy without canal or neural foraminal stenosis. C2-3 slight 1mm to 1-2mm anterior listhesis and severe left sided hypertrophy which resulted in mild to moderately left neural foraminal stenosis. Prior utilization review on 04/11/14 was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bone Scan of 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 - Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Bone scan.

**Decision rationale:** Current guidelines do not support the request for the bone scan. Not recommended except as an option in follow-up evaluation of osseous metastases. This recommendation is based on evidence more current than the 1994 Agency for Health Care Policy and Research's (AHCPR) Clinical Practice Guideline, which had recommended this procedure for neck pain with no improvement after one month. Radionuclide bone scanning should not be the initial procedure of choice for patients with chronic neck pain, regardless of the etiology, including trauma, arthritis, or neoplasm. Therefore, the request for Bone Scan of Cervical Spine is not medically necessary and appropriate.

#### **Thallium Tl-201 Thallous Chloride, Diagnostic per Millicurie Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.ncbi.nlm.nih.gov/pubmed/1803798](http://www.ncbi.nlm.nih.gov/pubmed/1803798).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Nuclear Medicine: September 2011 - Volume 36 - Issue 9 - pp 776-780 doi: 10.1097/RLU.0b013e31821a294e.

**Decision rationale:** The request for Thallium Tl-201 Thallous Chloride, Diagnostic per Millicurie Qty 1 is not medically necessary. The medical records do not document that the injured worker has any cardiac issues as the Thallium Tl-201 Thallous Chloride is used to diagnose cardiac disease. Therefore the request of Thallium Tl-201 Thallous Chloride, Diagnostic per Millicurie Qty 1 is not medically necessary and appropriate.