

<b>Case Number:</b>	CM14-0097567		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/22/1990
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Preventive 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:

According to the records made available for review, this is a 69-year-old male with a 3/22/90 date of injury. At the time (5/6/14) of the request for authorization for Whole Body bone scan with CT fusion of the lumbar spine, there is documentation of subjective (left-sided low back pain) and objective (two tender points in the left lower back region above the buttock area, decreased sensation to pinprick of dermatomes on left side at L4, L5, and S1, hyperextension of back increases the pain and the axial loading also increases the back pain on left side) findings, current diagnoses (lumbar facet arthropathy left sided, myofascial pain, L5-S1 radiculopathy, failed back surgery, diabetic peripheral neuropathy, history of single-level lumbar discopathy, and opioid-induced constipation), and treatment to date (medications). There is no documentation of bone infection, cancer, or arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Whole Body bone scan with CT fusion of 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, Bone scan

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of bone infection, cancer, or arthritis, as criteria necessary to support the medical necessity of bone scan. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy left sided, myofascial pain, L5-S1 radiculopathy, failed back surgery, diabetic peripheral neuropathy, history of single-level lumbar discopathy, and opioid-induced constipation. However, there is no documentation of bone infection, cancer, or arthritis. Therefore, based on guidelines and a review of the evidence, the request for Whole Body bone scan with CT fusion of the lumbar spine is not medically necessary.