MAXIMUS Federal Services

Case Number:	CM14-0210125		
Date Assigned:	12/23/2014	Date of Injury:	09/28/2007
Decision Date:	02/17/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/15/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 66 year old female with an injury date of 09/28/07. Based on the 09/24/14 progress report provided by treating physician, the patient complains of localized neck pain (unrated) and bilateral arm pain and burning and described as "unbearable, intense" which is unrelieved by NSAIDS, heat, ice. Patient is status post anterior cervical discectomy C3-C8 and fusion in 10/14/08. Three most recent progress notes (11/06/14, 10/9/14, 09/24/14) lack significant physical examination findings beyond cervical ranges of motion. Range of motion was decreased in all planes, especially rotation and extension. The patient is currently prescribed Lyrica and Ultram. Diagnostic imaging included MRI performed 06/16/14 significant findings include: "Anterior fusion at C3-6 with trans-vertebral screws and ventral plating. Inter-spaces discs are seen at C3-4, C4-5 and C5-6 with evidence of bony fusion on the vertebral bodies at these levels. The surgical material is intact without evidence of fracture of dehisence... Bilateral, left more than right, articular facet and uncovertebral degenerative disease of the cervical spine. There is a prominent degenerative disease of the disc space at C6-7 with 2mm anterior lithesis of C6 on C7...". Patients work status is not discussed in the provided reports. Diagnosis 11/06/14- Post-laminectomy syndrome, cervical. The utilization review determination being challenged is dated 11/10/14. The rationale is: "...it was noted that the patient's symptoms were unchanged since 09/08/14. There was no neurologic exam documented on 10/28/14. There was a diagnosis of status post cervical laminectomy syndrome... there was no change in status noted... it is unclear why the claimant requires repeat bone scan of the cervical spine..." Treatment reports were provided from 12/02/13 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck under Bone scan (imaging).

Decision rationale: The patient presents with localized neck pain (unrated) and bilateral arm pain and burning and described as "unbearable, intense" which is unrelieved by NSAIDS, heat, ice. The request is for Bone Scan Cervical Spine. Three most recent progress notes (11/06/14, 10/9/14, 09/24/14) lack significant physical examination findings beyond cervical ranges of motion. Range of motion was decreased in all planes, especially rotation and extension. The patient is currently prescribed Lyrica and Ultram. Diagnostic imaging provided included MRI performed 06/16/14. Patients work status is not discussed in the provided reports. ODG Integrated Treatment/Disability Duration Guidelines, Upper Back and Neck under Bone scan (imaging) states: "Not recommended except as an option in follow-up evaluation of osseous metastases. This recommendation is based on evidence more current than the 1994 AHCPR 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." Treater has not specified a reason for the request. While the patient has a significant surgical history and demonstrates persistence of chronic pain symptoms which are unresponsive to conservative therapies, treater has not documented a specific reason for the request. Progress notes provided, most recent 11/06/14 document no clinically significant findings which would indicate a flare up or deterioration of the patient's condition. Furthermore, bone scans of the cervical spine are not indicated by ODG guidelines for chronic neck pain, regardless of etiology. This request is not medically necessary.