

<b>Case Number:</b>	CM15-0138141		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 43-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of December 14, 2014. In a Utilization Review report dated July 14, 2015, the claims administrator approved a request for six sessions of acupuncture while denying a request for a bone scan of the thoracic spine. The claims administrator did allude to MRI imaging of the thoracic spine dated April 17, 2015 demonstrating subtle, remote T3, T4, T5 compression fractures. A June 24, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 20, 2015, the attending provider appealed the request for a bone scan. The attending provider stated that the applicant had sustained a thoracic spine injury seven months prior but remained symptomatic. The attending provider stated that he needed to obtain bone scanning to determine whether the applicant's thoracic compression fractures were new versus old. The attending provider suggested that this could potentially influence the treatment plan and/or the applicant's work status. Additional acupuncture was sought. The applicant was given a 30-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. The applicant was given refills of Norco and Robaxin. On June 24, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain, 6-9/10. The applicant was represented, it was reported. The treating provider stated that x-rays of the thoracic spine were performed in the clinic and demonstrated mild arthritic changes of mild compression fractures. Acupuncture and bone scanning were sought. The attending provider stated that the bone scanning in question was being sought for the purpose of determining the age of the thoracic compression fractures. The attending provider acknowledged that the applicant was not working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Bone Scan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179; 182. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 388. Bone scanning is a good diagnostic test for specific situations, including evaluations of suspected metastases, infected bone (osteomyelitis), inflammatory arthropathies, and trauma (fractures).

**Decision rationale:** No, the request for bone scanning of the thoracic spine was not medically necessary, medically appropriate, or indicated here. The attending provider stated that the bone scanning in question was being sought for the purposes of determining the age of the applicant's thoracic compression fractures. However, the MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179 notes that bone scanning is scored at 2/4 in its ability to identify and define suspected anatomic defects. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that bone scanning is recommended in applicants who fail to improve after one month of tumor or infection is possible, here, however, there was no mention of the applicant's having a tumor or infection present, rather, it was stated that the applicant had an established diagnosis of mild multi-level thoracic compression fractures. While the Third Edition ACOEM Guidelines Low Back Chapter does acknowledge that bone scanning may be useful in certain situations, such as to evaluate suspected fractures, here, again, the applicant already had an established diagnosis of mild multilevel thoracic compression fractures. It did not appear, contrary to what was suggested by the attending provider, that the bone scanning in question would have appreciably altered or influenced the treatment plan. It did not appear that the applicant was a candidate for any kind of surgical intervention involving the thoracic spine. It did not appear that the results of the thoracic spine bone scan at issue would have influenced or altered the attending provider's treatment plan and/or treatment recommendations. It was not clear, in short, why thoracic spine bone scanning was being sought when the applicant already had an established diagnosis of clinically evident, mild multi-level thoracic compression fractures. Therefore, the request is not medically necessary.