

<b>Case Number:</b>	CM15-0191431		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 36-year-old male, who sustained an industrial injury on 05-07-2008. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar post fusion syndrome and pseudoarthrosis. Treatment and diagnostics to date has included cognitive behavioral therapy and medications. Current medications include Norco, Robaxin, Cymbalta, Ativan, and Trazodone. After review of progress notes dated 04-13-2015 and 08-24-2015, the injured worker reported intermittent pain in his back and both legs. Objective findings included positive bilateral lumbar paraspinous tenderness with decreased and painful flexion and positive left straight leg raise test. The request for authorization dated 08-26-2015 requested whole body bone scan W-L SPECT and CT scan merge. The Utilization Review with a decision date of 09-03-2015 denied the request for whole body bone scan W-L SPECT and CT scan merge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Whole Body Bone Scan W/L SPECT (Single Photon Emission Computed Tomography) and CT Scan Merge:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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 chapter and pg 14, 83.

**Decision rationale:** According to the guidelines, whole body spect/CT is not recommended for back pain. It is under study for screening prior to facet injections, infection, cancer and for inflammatory arthropathies. In this case, the claimant has post-lumbar fusion syndrome and pseudoarthrosis. The claimant has already undergone MRI and CTs. The request was to determine healing of a prior fusion. In this case, there is no plane for the above. Although it may provide insight, it is not considered a medical necessity.