

Case Number:	CM15-0037834		
Date Assigned:	03/06/2015	Date of Injury:	04/07/1995
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, who sustained an industrial injury reported on 4/7/1995. She reported general chronic spinal pain (thoracic, lumbar & cervical), worse in the thoracic region. The diagnoses were noted to include spinal stenosis of thoracic region; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; degeneration of cervical intervertebral disc; excessive kyphosis; intermittent left lumbar radiculitis; and spinal stenosis of thoracic region. Treatments to date have included consultations; diagnostic imaging studies; cervical and lumbar SPECT scan (2011); injection therapy; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/30/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/23/2015, for a bone scan with SPECT of the total spine (cervical, thoracic & lumbar). The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, low back complaints; and the American College of Occupational and Environmental medicine Guidelines, chapter 12, low back complaints & disorders, chronic pain disorders; and the Official Disability Guidelines, low back-lumbar & thoracic (acute & chronic), were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spect Scan Total Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Spect scan.

Decision rationale: Based on the 1/22/15 progress report provided by the treating physician, this patient presents with chronic thoracic spine pain that is waxing/waning, and can be sharp, dull, throbbing "like a jackhammer" and increases with vacuuming and driving. The treater has asked for SPECT SCAN TOTAL SPINE on 1/22/15. The patient's diagnoses per Request for Authorization form dated 1/23/15 are spinal stenosis of thoracic region, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, degeneration of cervical intervertebral disc, and spinal stenosis of thoracic region. The patient is s/p injections 'thoracic epidural in 2012, C7-T1 facet injections in 2011, bilateral L4-5 facet injections in 2010--which were temporarily helpful, and exhaustive' physical therapy that was not helpful per 1/22/15 report. The patient had a prior bone scan and SPECT scan of the C-spine and L-spine in 2011, which revealed 'some cervical and lumbar uptake but it is not clear whether the thoracic spine was imaged. If there are focal areas of increased uptake, we may revisit injection therapy facet injections versus medial branch blocks/RFA. Alternatively if scan shows only diffuse uptake like the patient to reconsider doing some physical therapy, occasional use of Tylenol and oral anti-inflammatories. She does have relief with Lidoderm patch.' The patient's work status is retired as of 1996. For SPECT scan, ODG states, "Not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials." In this case, review of reports does not show any neurological deficits other than some leg cramping symptoms. The patient had a prior SPECT scan of the C-spine and L-spine, but the treater would like to assess the T-spine. ODG guidelines, however, do not support the use of SPECT scan in the evaluation of back problems. The patient already had an MRI of the thoracic spine in 2011 that showed multilevel degenerative endplate changes, but it is not mentioned in the discussion by the treater. ODG states that the spect scan is under study as a screening criteria for facet joint injections, and is not supported by clinical trials. In addition, it is not known why a SPECT scan for the total spine is being requested, when the patient's subjective pain is in the thoracic spine, and the patient already had a SPECT scan of the C-spine and L-spine in 2011. The request IS NOT medically necessary.