MAXIMUS Federal Services

| Case Number: | CM15-0052327 | | |
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| Date Assigned: | 03/25/2015 | Date of Injury: | 08/18/2009 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

## 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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 44 year old male, who sustained an industrial injury on August 18, 2009. He reported that boxes and bags fell on him, crushing his left arm, with pain in his low back also noted. The injured worker was diagnosed as having presumed lumbar discopathy and partial sacralization with a partial fusion of the transverse process/sacral ala left side. Treatment to date has included physical therapy, electromyography (EMG)/nerve conduction velocity (NCV), acupuncture, lumbar spine MRI, chiropractic treatments, and medication. Currently, the injured worker complains of continuous pain in the right side of the rib cage and pain in the neck, left shoulder, left arm, and lower back with radiating pain to his left hip and down his left leg with numbness and tingling. The Treating Physician's report dated February 5, 2015, noted the injured worker's current medications as Ketoprofen, Omeprazole, Orphenadrine, Hydrocodone, Gaviscon, and Cipro. Physical examination was noted to show lumbar spine midline tenderness, left sided paraspinal tenderness from L4-S1, and tenderness to the left sacroiliac joint, left superior iliac crest, and left sciatic notch, with a positive Faber test. The Physician noted the treatment plan to include request for authorization for a single-proton emission computerized tomography (SPECT) Bone Scan with F18 with CT scan of the lumbar spine, to be performed simultaneously to determine if there was a pseudoarthrosis and if this was the pain generator or not.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar spine SPECT (single proton emission computed tomography) bone scan with F18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan and Other Medical Treatment Guidelines uptodate, pseudoarthosis.

**Decision rationale:** ODG states that bone scans are "not recommended, except for bone infection, cancer, or arthritis." The medical documentation does not indicate concerns for bone infection or arthritis. ACOEM states that imaging studies may be recommended if there is an "Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure." There is no evidence to suggest that any of the ACOEM criteria is met. Medical documentation did not suggest concerns for long bone fractures, bone fragments, or inflammatory arthritis. As such, the request for 1 lumbar spine SPECT (single proton emission computed tomography) bone scan with F18 is not medically necessary.

**1 CT (computed tomography) scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

**Decision rationale:** ACOEM states, "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." ODG states "Not recommended except for indications below for CT. Indications for imaging; Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain X-rays. Evaluate successful fusion if plain x-rays do not confirm fusion." (Laasonen, 1989). While the patient has documented a previous history of trauma to the lumbar spine, there are no indications that a specific nerve root is being affected nor does the patient suffer from neurological deficits or red flag symptoms. The patient does not meet the above criteria for a CT scan of the lumbar spine at this time. As such, the request for 1 CT (computed tomography) scan of the lumbar spine is not medically necessary.