

<b>Case Number:</b>	CM14-0120115		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 and Rehabilitation 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 injured worker is a 41-year-old female who reported a work related injury on 09/14/2005. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of degenerative disc disease of the cervical spine without radiculopathy, degenerative disc disease of the lumbar spine without radiculopathy, lumbar facet syndrome, and cervical adjacent segment disease. The injured worker's past treatment has included 5 sessions of physical therapy in 2011, 6 sessions of physical therapy for post left shoulder surgery at 2 times a week, status post left shoulder surgery and fusion. The injured worker's diagnostics consisted of a CT of the cervical spine, dated 04/12/2013, which revealed no focal protrusion or stenosis. The injured worker's surgical history includes a left shoulder surgery on 05/30/2014, and a fusion at C6-7 in 03/2008. Upon examination on 06/23/2014, the injured worker complained of recurring symptoms of the neck and back. She rated her pain in her back at a 2/10 on the VAS and her neck at a 4/10. She stated that she was having issues with headaches 2 to 3 times a week; the headaches would start on the side of her neck and wrap around her ears to her forehead. She stated that all of her pain is 100% on the left side; she had to close her eyes to have relief. She also reported tingling on the top crown of her head. She reported she had the feeling of pins and needles of the top of her head with achy pain in her neck radiating down to her left shoulder. She also complained of cramping on the left side of her neck that radiated to her left shoulder. Upon physical examination, it was found that the injured worker had diffuse cervical spasm in her bilateral trapezii. She had decreased sensation in the left C5 and bilateral C6 and C7 dermatomes and lower extremity sensation intact. The injured worker's medications include ibuprofen, Advil, BC Powder, omeprazole, and hydrocodone. The treatment plan consisted of a medial branch block of the lumbar spine, epidural steroid injections of the cervical spine and a triple phase bone scan to rule out pseudarthrosis of the cervical spine at the fusion site. The

rationale for the request was to rule out pseudarthrosis of the cervical spine at the fusion site. The Request for Authorization form was submitted for review on 06/23/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bone imaging 3 phase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Bone Scan

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

**Decision rationale:** The request for Bone imaging 3 phase is not medically necessary. The Official Disability Guidelines state a bone scan is not recommended except as an option in follow-up evaluation of osseous metastases. In regards to the injured worker, the request is to rule out pseudarthrosis. As such, the request for Bone imaging 3 phase is not medically necessary.