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| <b>Case Number:</b>   | CM14-0138153 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 03/21/2001 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 3/21/01 date of injury. At the time (7/17/14) of the request for authorization for SPECT scan, nuclear medicine for the lumbar spine, there is documentation of subjective (low back pain) and objective (motor strength without gross deficits, normal curvature of spine) findings, current diagnoses (spondylosis lumbar/lumbosacral without myelopathy, myofascial pain, discogenic low back pain, and chronic pain), and treatment to date (medication and TENS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPECT Scan ,nuclear medicine for the lumbar spine:** Upheld

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

**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, SPECT (single photon emission computed tomography)

**Decision rationale:** MTUS does not address the issue. ODG identifies SPECT (single photon emission computed tomography) is 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. Therefore, based on guidelines and a review of the evidence, the request for SPECT scan, nuclear medicine for the lumbar spine is not medically necessary.