

Case Number:	CM14-0146676		
Date Assigned:	09/12/2014	Date of Injury:	09/10/2013
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The patient is a 52-year-old female with a 09/10/13 date of injury. The mechanism of injury was not documented. Diagnosis includes herniated nucleus pulposus at C3-C4 and C6-7. 08/01/14 Progress report documented that the patient had persistent neck pain radiating to the shoulders and arms. She had difficulty turning her head, driving, and sleeping. She had numbness and tingling in both hands. Clinically, there was impaired and painful cervical range of motion with spasms. The treatment plan included bone scan. 07/10/14 Progress report documented that the patient continued to complain of neck and upper extremity pain. She was awaiting surgery. 04/24/14 CT scan report documented cervical fusion at C5-C6 and stable senescent changes. There was no fracture. 03/18/14 Progress report documented that the patient had a bulging degenerative disc segment below the C5-C6 fusion. 09/2013 MRI of the cervical spine showed a prior fusion and arthritic changes above and below the level of the fusion. Treatment has included home traction, therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Medicine: Whole body bone scan Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back

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 Chapter, Bone Scan Not recommended except as an option in follow-up evaluation of osseous metastases. This recommendation is based on evidence more current than the 1994 AHCPR Guideline, which had recommended this procedure for neck pain with no improvement after one month. Radionuclide bone scanning should not be the initial procedure of choice for patients with chronic neck pain, regardless of the etiolo

Decision rationale: Medical necessity has not been established for a whole body bone scan. ODG supports bone scans to detect increased activity in bone, such as fractures, infections, inflammation, or tumors (benign or malignant), by detecting changes in function before structural changes occur. Although the patient has chronic neck pain with radiculopathy, diagnostic imaging only shows degenerative changes without any fracture. There is no discussion regarding what surgical procedures are pending and necessity for additional imaging studies. Furthermore, there is no indication to support the request for a whole-body bone scan, such as in the case of metastasis. The request is not medically necessary.