

<b>Case Number:</b>	CM15-0017618		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 73 year old female who sustained an industrial injury on 01/09/2002. The current diagnoses include cervical discogenic syndrome, lumbar discogenic syndrome, bilateral knee replacement, anxiety, plantar fasciitis, fibromyalgia, cystocele, depression, muscle spasm, and vitamin D deficiency. Treatments to date include medication management and bilateral total knee replacements in 2003. Report dated 01/22/2015 noted that the injured worker presented with complaints that included bilateral knee, lumbar spine, and cervical spine pain. Physical examination revealed abnormal findings. The utilization review performed on 12/31/2014 non-certified a prescription for bone scan of the neck and MRI of the cervical spine, based on the clinical information submitted medical necessity was not supported. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan of the neck:** 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 Chapter, Bone Scan

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic). Bone Scan <http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm>

**Decision rationale:** According to ODG guidelines, Cervical SPECT 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 etiology, including trauma, arthritis, or neoplasm. (Spitzer, 1995) (Daffner, 2010) For follow-up evaluation of osseous metastatic disease in malignant or aggressive musculoskeletal tumors, the Tc-99m bone scan of the whole body is a useful screening tool, but in cases of abnormal spine uptake, SPECT/CT can be used to better distinguish metastases from degenerative changes. There is a paucity of recent literature regarding whole-body bone scan and screening for osseous metastases. Much of this likely relates to recent advances in FDG-PET/CT and whole-body MRI and their superior anatomic resolution and specificity. Nonetheless, whole-body bone scan remains a useful screening tool in osseous metastatic disease, with an overall sensitivity comparable to that of FDG-PET/CT. In cases where there is abnormal radiotracer uptake in the spine, SPECT/CT can be used to better distinguish metastases from degenerative changes, thus increasing specificity. (Fitzgerald, 2011) A bone scan is an imaging test intended 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. There is no clear rationale for the request of cervical SPECT scan. There is no documentation that a metastatic disease of the cervical spine versus degenerative disc disease is in the differential diagnosis in this patient. Furthermore, there is no documentation of resistant to pain medication that may require investigating other causes of pain for this patient. Therefore, the request for cervical bone scan is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. Therefore the request for MRI of the cervical spine is not medically necessary.