

<b>Case Number:</b>	CM15-0111738		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 56-year-old female who sustained an industrial injury on 2/16/2012. Diagnoses include cervicgia, cervical disc degeneration, neuralgia and paresthesia. Treatment to date has included medications, massage, physical therapy, chiropractic treatment and cervical fusion 2/26/14. Cervical epidural steroid injections and acupuncture did not improve her condition. CT scan of the cervical spine on 12/3/14 found expected postoperative changes at C5-6 and C6-7; bony bridging across the intervertebral spaces; no pseudoarthrosis was noted and no loosening of the prostheses. According to the progress notes dated 5/4/15, the IW reported constant neck pain radiating to the left shoulder. The pain was 70% improved by the cervical fusion, but the pain had returned to 90% of its previous level. She also reported having dull headache pain most days. She rated her pain 8/10 at its worst and 6/10 at its best. On examination, cervical spine range of motion was decreased. Motor strength was 5/5, Spurling's sign was negative and axial compression was positive. A request was made for a SPECT bone scan and Orthofix bone growth stimulator as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spect bone scan:** 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 section.

**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, and Bone scan.

**Decision rationale:** Regarding the request for whole body scan the SPECT bone scan, California MTUS does not address the issue. ODG states SPECT/CT can be used to better distinguish metastases from degenerative changes when there is abnormal uptake on a Bone Scan. Within the information available for review, there is no indication that a whole body scan is needed to distinguish metastases from degenerative changes. In the absence of such documentation, the currently requested SPECT bone scan is not medically necessary.

**Orthofix, bone growth stimulator, outpatient:** 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), Low Back Chapter,. Bone Stimulator.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Low Back Chapter, Bone growth stimulators (BGS).

**Decision rationale:** Regarding the request for a bone growth stimulator, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is no documentation that any of these risk factors are present. Furthermore, the patient has had a CT scan of the cervical spine on 12/3/2014 revealing fusion at C5-6, C6-7 without pseudoarthrosis and no loosening of hardware. In the absence of such documentation, the currently requested bone growth stimulator is not medically necessary.