

<b>Case Number:</b>	CM15-0122556		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on 3/1/10. The injured worker was diagnosed as having cervical herniated nucleus pulposus and right shoulder impingement. Treatment to date has included bilateral sacroiliac joint injections, C3-6 anterior cervical discectomy and fusion, L4-S1 anterior lumbar interbody fusion, right ulnar nerve release, rotator cuff surgery, and medication. Currently, the injured worker complains of right arm pain, and low back/groin pain. The treating physician requested authorization for a nuclear medicine bone scan of the whole body. The treating physician noted a nuclear medicine scan is needed to assess lumbar and neck fusions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuclear medicine bone scan, whole body:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter 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) Pain.

**Decision rationale:** The MTUS is silent regarding the medical necessity for Nuclear Medicine bone scan, whole body. According to the ODG, a bone scan is medically necessary for the cervical or lumbar spine in the case of diagnosis including infection, cancer or arthritis. In this case the patient has chronic pain despite cervical and lumbar spine fusion. MRI was non-diagnostic. The documentation doesn't support that the patient has a diagnosis appropriate for a nuclear bone scan, whole body. The request is not medically necessary.