

<b>Case Number:</b>	CM15-0064135		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Family Practice

### 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 49 year old female, who sustained an industrial injury on 4/29/2009. The mechanism of injury is not indicated. The injured worker was diagnosed as having status post lumbar fusion, status post laminotomy and foraminotomy, sacroiliitis left side, and status post left sacroiliac joint fusion. Treatment to date has included back surgeries, medications, x-rays, trigger point injection, computed tomography scan, magnetic resonance imaging, and physical therapy. The request is for SPECT bone scan with F18 lumbar, and computed tomography scan of the pelvis. The records indicate she had improvement with physical therapy, and trigger point injection. On 12/8/2014, she complains of low back pain and right leg pain. On 1/12/2015, she was seen for low back pain. The treatment plan included: request for pain management evaluation, SPECT bone scan with F18 of lumbar spine and pelvis with computed tomography scan of the lumbar spine and pelvis, and 6 panel urine drug testing. The records on 2/27/2015 indicate computed tomography scan of the sacrum and pelvis and magnetic resonance imaging of the area revealed evidence of bony arthrodesis at the left sacroiliac joint with at least one osseous bridge spanning the joint space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPECT bone scan with F18 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary (Online version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approach to the diagnosis and evaluation of low back pain in adults by Stehpnie Wheeler, MD, in UpToDate.com.

**Decision rationale:** This patient receives treatment for chronic low back pain which is work related. The date of injury is 04/29/2009. The patient has "failed back" syndrome and is opioid dependent. Previously, the patient underwent lumbar fusion, laminotomy and foraminotomy, This request addresses a request for a SPECT bone scan of the lumbar region. Imaging has already been performed for this patient. The patient had both a CT and an MRI of this region. A SPECT scan may be medically indicated to diagnosis a primary or metastatic disease of bone or to evaluate a patient with a systemic illness or metabolic disease that may affect the lower spine. The medical documentation does not state this. A SPECT scan is not medically necessary.

**CT scan of the pelvis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approach to the diagnosis and evaluation of low back pain in adults by Stehpnie Wheeler, MD, in UpToDate.com.

**Decision rationale:** This patient receives treatment for chronic low back pain which is work related. The date of injury is 04/29/2009. The patient has "failed back" syndrome and is opioid dependent. Previously, the patient underwent lumbar fusion, laminotomy, foraminotomy and sacroiliac fusion, This review addresses a request for a CT of the pelvis. A CT of the pelvis may be medically indicated to diagnosis occult fractures in cases of pelvic and lower abdominal trauma, to stage cases of ovarian cancer, to diagnosis cases of renal colic, and to diagnose and stage cases of colon cancer. The documentation does not state any of these. A CT of the pelvis is not medically necessary.