

Case Number:	CM15-0067226		
Date Assigned:	04/14/2015	Date of Injury:	02/27/2003
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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: North Carolina
 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 60 year old female, who sustained an industrial injury on 02/27/2003. She has reported subsequent back and neck pain and was diagnosed with degenerative disc disease in the cervical spine with radiculopathy, lumbar radiculopathy, lumbar facet pain syndrome and chronic pain. Treatment to date has included oral pain medication, physical and chiropractic therapy, acupuncture, epidural injections, massage therapy, TENS unit, application of heat and ice and surgery. In a progress note dated 02/12/2015, the injured worker complained of low back pain. Objective findings were notable for tenderness to palpation of the cervical, thoracic and lumbar paraspinals, decreased extension of the cervical spine and decreased upper extremity sensation in the right C6 dermatome. The physician noted that a bone scan of the cervical spine was requested to evaluate for pseudoarthrosis of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck complaints states: Table 8-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. In the following circumstances, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more: When surgery is being considered for a specific anatomic defect. To further evaluate the possibility of potentially serious pathology, such as a tumor. In addition the ODG specifically states bone scans are only indicated in the suspicion of osseous metastatic disease. This Is not the reason for request per the clinical documentation and therefore is not medically necessary.