

<b>Case Number:</b>	CM14-0141141		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58 year old male whose reported date of industrial injury was 08/22/2000. The patient is status post lumbar fusion surgery and has ongoing pain, not only in the low back but also radicular. He has additional complaints in the neck, with pain, radicular symptoms of the upper extremity, especially on the right. There is a diagnosis of anxiety, depression, chronic pain syndrome and fibromyalgia in addition. The patient had a computed tomography (CT) scan of the lumbar spine in June 2014 and imaging did not have adequate resolution to decipher whether there were trabecular connections between the fused segments. Pseudoarthrosis could not be ruled in or out. The request is for bone scintigraphy (bone scan) for the diagnosis of pseudoarthrosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bone Scan of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Spinal Disord. 1999 Dec;12(6):482-4.

<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/LowBackPain.pdf>, ACR appropriateness criteria

**Decision rationale:** As mentioned in the references cited above, the ability of planar scintigraphy in diagnosis of pseudoarthrosis is limited by a positive predictive value of only 40% and a negative predictive value approaching 90%. The sensitivity of the technique is only 50% and planar imaging is not even mentioned by the ACR (American College of Radiology) appropriateness criteria in the diagnosis of low back pain post fusion, as indicated in the cited reference. In fact, high resolution single photon emission computed tomogram is the study of choice if plain CT has failed in demonstrating the presence or absence of pseudoarthrosis. As such, the requested planar imaging is not recommended.