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Notice of Independent Review Decision

November 18, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Whole body bone scan (78315)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate American Board of Orthopaedic Surgery
Fellowship Trained in Spine Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to the lower back on xx/xx/xx. The mechanism of injury was not submitted.

There are no records available from xxxx through 2013.

On September 10, 2014, evaluated the patient in a follow-up. He noted the back remained tender and when he touched her L5-S1, she almost fell to the ground. X-rays obtained showed no change in the alignment. stated so far magnetic resonance imaging (MRI), computerized tomography (CT) scans, etc. had not shown why there was so much of pain. The patient was now in a wheelchair due to her back pain and right buttock area pain. recommended whole body bone scan to look for some underlying pathology including pseudarthrosis, screw

malfunction, adjacent level breakdown, etc. He also recommended looking for infection as she was tender enough to where this could be an infection. He therefore recommended some infectious disease labs.

On September 23, 2014, requested approval for a whole body bone scan to rule out/evaluate osteomyelitis and degenerative disc disease (DDD).

On September 25, 2014, reviewed the requested service of whole body bone scan. He noted the following: The patient was a female who reported an injury on xx/xx/xx. The mechanism of injury was not submitted. She was diagnosed with osteomyelitis. denied the request with the following rationale: *“The Official Disability Guidelines do not specifically address a whole body bone scan. The guidelines do state that a bone scan is not recommended except for bone infection, cancer or arthritis. The guidelines go on to state that bone scans are recommended if no improvement after one month. The patient was recommended a whole body bone scan; however, the patient’s previous imaging studies that included an MRI, CAT scan, etc., as noted, were not submitted for review. Also, the documentation did not show evidence of the patient having any type of conservative treatment to include physical therapy, home exercise, or injections prior to the requested whole body bone scan. In addition, no physical examination findings were submitted for review. Peer to peer contact was not successful. Medical necessity has not been substantiated.”*

On October 21, 2014, reviewed the reconsideration for whole body bone scan and noted the following medical records: Treatments to date included L4-S1 anterior posterior lumbar fusion in April 2012 and physical therapy (PT). He denied the appeal stating: *“ODG Low Back Chapter – Not recommended, except for bone infection, cancer or arthritis. The recently referenced MRI and CAT scans were not submitted for review. In addition, medical records reviewed lack information regarding previously rendered conservative treatment such as PT, medications and injections to substantiate the need for a bone scan. The request is for a body scan to rule out/evaluate osteomyelitis and DDD; however, there was no mention of laboratory workup for infection. The September 10, 2014, note described a plan for some infectious disease labs. There were no follow-up notes provided. Recommended non-certification.”*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The information provided with these records is rather limited. The claimant is a lady who had apparent injury to the low back in xx/xx/xx. There was apparent lumbar fusion completed in April 2012 from L4 to S1. There allegedly has been further imaging studies completed as well as lab assessments done; however, the results of these specific evaluations was not available for review.

The clinical records of September 10, 2014, from noted that the claimant’s back was very tender and when he touched the lower lumbar spine, the claimant

almost fell to the ground. The radiographs had not shown a specific change in alignment and were considered to be adequate. also noted that the MRI and CT scan had not shown why there was so much pain. The patient was utilizing a wheelchair allegedly due to her pain. proposed that she may have pseudoarthrosis or adjacent level breakdown or possible infection and proposed inflammatory and infection workup lab studies.

On September 23, 2014, requested a whole body bone scan to rule out osteomyelitis and degenerative disc disease. This request was then reviewed by RN, on September 25th and subsequently again on October 21st. Mr. noted the Official Disability Guidelines do not state that a bone scan is recommended except for bone infection, cancer or arthritis.

Based on the lack of follow-up imaging report as well as the infection lab results, these bone scan requests had been denied by preauthorization.

No further documentation is actually provided in these records. Thus, there is no basis to override the denial. In addition, a bone scan is very nonspecific and would not be able to identify a basis for her pain as well as other imaging studies in my opinion. However, that imaging has apparently already been completed, although the results are not available.

Thus, the request as submitted is denied and the adverse opinions provided in the previous utilization reviews are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES