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DATE NOTICE SENT TO ALL PARTIES: 5/23/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Nuclear Medicine Bone Scan/Poss Spec.

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

The reviewer is a Doctor of Osteopathy who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Nuclear Medicine Bone Scan/Poss Spec.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female with low back pain, since an injury on xx/xx/xx. According to the records available for review, she has been treated with physical therapy, facet joint injections, facet joint rhizotomies and medications. The rhizotomies have been helpful for up to 3 months. Imaging studies, including x-rays and MRI reveal facet joint hypertrophy at both L4-5 and L5-S1. There is no evidence of spinal stenosis, nerve root impingement or significant degenerative disc disease. No signs of spondylolisthesis are seen. There is reportedly no significant change on the most recent study of 2/12/2015 compared to prior studies dated 10/24/2013. has indicated there are "no smoking guns" that would account for the patient's symptoms. His exam reveals tenderness to palpation of the low back and some antalgic posture, but no other abnormalities are seen with motor, sensory and reflex exam. She ambulates normally.

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

Based upon the information received, the requested procedure is not medically necessary based upon the ODG. ODG, Low Back-Lumbar and Thoracic (Acute & Chronic)

Bone Scan section: Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma.

SPECT (single photon emission computed tomography) section: Not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials. Bone scintigraphy with SPECT can help identify patients with low back pain who would benefit from facet joint injections. This trial showed an 87% success rate when indicated by SPECT versus 13% when not indicated by SPECT. Without SPECT the success rate of facet injections was 31%.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)