

<b>Case Number:</b>	CM13-0056415		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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:

This patient is a 56 year old female with a date of injury on 5/14/2013. She has a diagnosis of reflex sympathetic dystrophy of the upper limb. She had a cervical MRI showing left foraminal narrowing at C6-7 and discogenic change at C5-6, and upper cervical facet degenerative joint disease. Electromyography was performed and it was unremarkable. Subjective complaints are of constant burning, sharp pain from neck to right shoulder, forearm and wrist, with spasm to the right trapezius. Pain is 9-10/10 and is worse with activities. Medications include Norco and ibuprofen. Physical exam shows decreased cervical range of motion and trigger point pain over right cervical paraspinal muscles. Right elbow is guarded with limited range of motion. Right hand and wrist have limited range of motion and guarding, and inability to close fingers. Motor exam was limited due to pain, and decreased sensation was noted in C5-T1 dermatomes. The patient has undergone physical therapy, home exercises, use of EMS unit, and heat and ice therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone and/or Joint Imaging; Tomographic (SPECT):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269 and 272, Chronic Pain Treatment Guidelines Page(s): 35-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The ACOEM guidelines for the upper extremity reference bone scans to be indicated for stress fractures, and infections, or tumors. The Chronic Pain Medical Treatment Guidelines also indicate the use of triple phase bone scanning to evaluate for complex regional pain syndrome. The ODG recommends bone scanning as an option as it can be valuable in evaluating patients without signs of improvement after 4 weeks. In this case, there is no evidence of tumors, infections, or stress fractures, but the patient is being evaluated for significant chronic pain and has the need for further evaluation for complex regional pain syndrome (CRPS). Based on the applicable guidelines, and the progression of her right upper extremity pain with the entertained diagnosis of CRPS, the requested services are medically necessary.