

Case Number:	CM14-0169812		
Date Assigned:	10/20/2014	Date of Injury:	10/31/2012
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 10/31/12 date of injury. At the time (9/26/14) of the Decision for Triple Phase Bone Scan, there is documentation of subjective (left calf/heel pain with weakness/numbness over left foot) and objective (non-pitting edema over ankle, positive bilateral allodynia, and limited plantar flexion) findings, current diagnoses (limb pain and complex regional pain syndrome of lower extremity), and treatment to date (physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic treatment, and medications). Medical report identifies that pain is aggravated by twisting, prolonged standing, walking, climbing stairs, relieved by lying flat on stomach. There is no documentation of plain films.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple Phase Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Diagnostic criteria Page(s): 38,134.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 431. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, and Ankle & Foot, diagnostic tests and Bone scan

Decision rationale: MTUS reference to ACOEM guidelines identify documentation of continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, as criteria necessary to support the medical necessity of imaging. ODG supports bone scan in the early stage to help in confirmation of the diagnosis of complex regional pain syndrome (CRPS). In addition, specifically regarding CRPS, ODG recommends bone scan if plain films are not diagnostic. Within the medical information available for review, there is documentation of diagnoses of limb pain and complex regional pain syndrome of lower extremity. In addition, there is documentation of a request for bone scan for lower extremity (ankle and foot). Furthermore, given documentation that pain is aggravated by twisting, prolonged standing, walking, and climbing stairs, but relieved by lying flat on stomach, there is documentation of continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise. However, there is no documentation of plain films. Therefore, based on guidelines and a review of the evidence, the request for Triple Phase Bone Scan is not medically necessary.