

Case Number:	CM14-0043867		
Date Assigned:	07/02/2014	Date of Injury:	06/23/2011
Decision Date:	09/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation 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 patient is a 55- year-old female, clinical administrative assistant with date of injury 6/23/11. The treating physician report dated 2/19/14 indicates that the patient presents with chronic neck and back pain along with pain in the upper and lower extremities. Physical examination findings note forward head carriage, paravertebral muscle spasm, trigger points in the upper back, and cold hands bilaterally. The treating chiropractor also notes positive thoracic outlet tests. The current diagnoses are: 1. Complex regional pain syndrome2. Discogenic cervical radiculopathy3. Mechanical neck pain syndrome4. Thoracic outlet syndromeThe utilization review report dated 3/12/14 denied the request for a whole body SPECT /CT with fusion, vitamin D level assessment and glycosylated hgb assessment. Utilization review based their decision on a lack of documentation to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body scan the single-photon emission computerized tomography (SPECT/CT) with fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19253855>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Radiologyinfo.org.

Decision rationale: The injured worker has chronic neck, back and extremity pain and has been diagnosed with complex regional pain syndrome, discogenic cervical radiculopathy, mechanical neck pain and thoracic outlet syndrome. The treating physician has not provided any clinical rationale for recommending a whole body scan SPECT / CT with fusion. He makes his recommendation based on a pain management report dated 2/19/14. The pain management report also fails to offer any indication as to why a SPECT / CT would be indicated, what they may be looking for or how it may change the current treatment plan. The MTUS and ODG guidelines fail to offer any discussion with regards to when a SPECT / CT scan would be indicated for chronic spine pain. Radiologyinfo.org indicates that such tests are generally used for the diagnosis of tumors and cardiovascular conditions. Because the treating physician fails to offer documentation to support medical necessity of a SPECT /CT scan, the request is deemed not medically necessary.

Vitamin D levels: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin D.

Decision rationale: The injured worker has chronic neck, back and extremity pain and has been diagnosed with complex regional pain syndrome, discogenic cervical radiculopathy, mechanical neck pain and thoracic outlet syndrome. The treating physician has recommended measuring Vitamin D levels. The MTUS guidelines do not address Vitamin D3 levels in the assessment or treatment of chronic spine pain. The ODG guidelines note that Vitamin D deficiency is not considered a workers' compensation condition. The treating physician fails to provide any supporting documentation to address medical necessity. The request is deemed not medically necessary.

Glycosylated hgb assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/diabetes/guide/glycated-hemoglobin-test-hba-1c>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Endocrineweb.com Measurement of Glycosylated Hemoglobin (Glycohemoglobin or Hemoglobin A1c).

Decision rationale: Glycosolated hgb is for the evaluation of blood sugar levels. According to the medical records the patient is a diabetic. There is nothing in the available documentation to suggest that her diabetes is a concern or that it relates somehow to her orthopedic conditions.

There is nothing in the medical records which suggests that the injured worker sustained an industrial injury that is now having a compensatory effect on her blood sugar levels. Due to a lack of supporting documentation, the request is deemed not medically necessary.