

Case Number:	CM14-0087108		
Date Assigned:	07/23/2014	Date of Injury:	09/14/2011
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic headaches, facial pain, traumatic brain injury, epilepsy, and obstructive sleep apnea reportedly associated with an industrial injury of September 14, 2011. In a Utilization Review Report dated May 14, 2014, the claims administrator denied a request for a bone scan of the skull, citing non-MTUS Nuclear Medicine Guidelines on the same. The applicant was described as status post craniotomy and was apparently reporting persistent pain about the skull. The claims administrator stated that bone scanning was not the imaging study of choice for evaluation of CSF leaks. The claims administrator's rationale was quite sparse. The claims administrator essentially cited the guidelines and then stated that said guidelines were not met. The applicant's attorney subsequently appealed. In a progress note dated April 30, 2014, the applicant reported persistent complaints of pain along the area of a skull defect. The applicant also had temporomandibular pain. The applicant expressed concern that some of the surgical hardware about the skull was reportedly loose. The applicant was having issues with residual sleep disturbance despite introduction of the CPAP device. The applicant was using Allegra, Androgel, baclofen, Lamictal, Effexor, Topamax, Verapamil, calcium, Amoxil, Frova, Toradol, Viagra, and Tigan, it was stated. Tenderness was appreciated about the scalp with normal strength testing noted and increased muscle tone appreciated on motor exam. The applicant was slow and indecisive in his responses, it was stated. Authorization for a sleep study was sought. A bone scan was sought owing to persistent pain about the craniotomy site and cervical spine. The applicant was asked to eschew driving machinery in the interim. In another note dated April 23, 2013, the applicant was described as off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Skull and Neck: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 04/14/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameters for the Performance of Bone Scanning.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7, page 179, bone scanning is scored a 2/4 in its ability to identify and define a suspected anatomic defect and a 3/4 in its ability to identify and define a physiologic insult. The American College of Radiology (ACR) notes that indications for skeletal scintigraphy (bone scanning) include complications of hardware or prosthetic joint replacement. In this case, the applicant apparently has indwelling hardware about the skull following an earlier craniotomy procedure. The applicant has stated that he believes the hardware is loose/malfunctioning. Obtaining bone scanning to evaluate the integrity of the indwelling surgical hardware is indicated. Therefore, the request is medically necessary.