

Case Number:	CM14-0195848		
Date Assigned:	12/03/2014	Date of Injury:	02/01/2013
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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] who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 25, 2013. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for nuclear medicine total body bone scan. The claims administrator cited progress notes of September 23, 2014, October 9, 2014, and October 30, 2014 in its denial. The claims administrator stated that the attending provider failed to outline a clear or compelling rationale for the bone scan. Non-MTUS guidelines were invoked. The applicant's attorney subsequently appealed. In a September 19, 2014 case management note, it was suggested that the applicant was off of work as her employer was unable to accommodate limitations. In an August 18, 2014 fax cover sheet, the applicant's case manager stated that the applicant had remained off of work, on total temporary disability, for the preceding year, while concurrently attending school at the [REDACTED]. No clinical progress notes or medical progress notes were seemingly incorporated into the Independent Medical Review packet, which comprised solely of case management notes and historical Utilization Review Reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Other-Nuclear Medicine Total Body Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mgh.org/nuclear/bone.html>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 9-5, 209; Table 8-8, 182; Table 11-2, 260, Chronic Pain Treatment Guidelines CRPS, Diagnostic Criteria Page(s): 36.

Decision rationale: Some of the stated pain generators here, per the claims administrator, include the shoulder, neck, back, and arm. While the MTUS Guideline in ACOEM Chapter 9, Table 9-5, page 209 does acknowledge that bone scanning scored a 4/4 in its ability to identify and define suspected tumors and a 3/4 in its ability to identify and define suspected infections, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clear what diagnosis or diagnoses were suspected here. No clear rationale for the nuclear medicine bone scan was proffered by the attending provider, although it is acknowledged that the progress notes on which the article in question were not seemingly incorporated into the Independent Medical Review packet. Similarly, while the MTUS Guideline in ACOEM Chapter 11, Table 11-2, page 260 notes that bone scanning can be employed to detect occult hand and wrist fractures, while the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that bone scanning is "recommended" in applicants in whom tumor or infection is possible, and while page 36 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that bone scanning can be employed to help detect complex regional pain syndrome (CRPS), in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. No clinical progress notes were attached to the application for Independent Medical Review, which comprised solely of historical Utilization Review Reports and field case management notes. The information which is on file, thus, failed to support or substantiate the request. Therefore, the request is not medically necessary.