MAXIMUS Federal Services

| Case Number: | CM14-0208221 | | |
|---|---|---|---|
| Date Assigned: | 12/22/2014 | Date of Injury: | 02/23/2012 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/28/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

## 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 58 year old female sustained a work related injury on 2/23/2012. The mechanism of injury was not documented. The current diagnosis is stage IV breast cancer. According to the progress report dated 9/23/2014, the injured worker had no new complaints. She feels quite well and is tolerating chemotherapy. The physical examination revealed a dramatically shrunken right-sided breast mass, which is barely palpable. Additionally, lymph nodes in the right axilla and neck shrunk quite dramatically as well. The medication list was not specified in the progress report provided. According to the records, chemotherapy was initiated on 3/19/2012 with Carboplatin and Gemcitabine. Of note, there was a gradual decrease in her white blood cell and platelet count. Under the circumstances, the chemotherapy will be given every third week instead of every other week. The treating physician prescribed a repeat PET/CT scan, which is now under review. In addition to PET/CT scan, the treatment plan included the continuation of chemotherapy. PET scan on 4/24/2013, showed major shrinkage, near complete remission. PET scan on 10/23/2013, showed complete remission. When the PET/CT scan was prescribed work status was not documented. On 11/27/2014, Utilization Review had non-certified a prescription for PET/CT scan. The PET/CT scan was non-certified based on failure of reports to establish medical necessity. The Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PET/CT Scan:** Overturned

**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) Pulmonary (updated 07/29/14) Positron emission tomography (PET scanning).

**Decision rationale:** As per cited guideline "Recommended for pre-operative assessment of solitary pulmonary nodules, evaluation of abnormal mediastinal lymph nodes, and fur distant metastatic disease .It is not recommended in the staging of patients with small cell carcinoma of the lung. Positron emission tomography (PET) combined with computed tomography (CT) is a reasonable option for staging lung cancer, especially among patients who appear to be candidates for curative therapy." The current diagnosis is stage IV breast cancer. She is on chemotherapy. The physical examination revealed a dramatically shrunken right-sided breast mass, which is barely palpable. Additionally, lymph nodes in the right axilla and neck shrunk quite dramatically as well. According to the records, chemotherapy was initiated on 3/19/2012 with Carboplatin and Gemcitabine. Of note, there was a gradual decrease in her white blood cell and platelet count. Under the circumstances, the chemotherapy will be given every third week instead of every other week. The patient has had PET scan on 4/24/2013 that revealed major shrinkage, near complete remission. PET scan on 10/23/2013 showed complete remission. The cited guideline recommended Positron emission tomography (PET) combined with computed tomography (CT) as a reasonable option for staging lung cancer, especially among patients who appear to be candidates for curative therapy. The request for PET/CT Scan is medically necessary and appropriate.