

<b>Case Number:</b>	CM15-0001239		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 injured worker is a 34 year old female, who sustained an industrial injury on 10/10/2012. She has reported ankle pain. The diagnoses had included Reflex Sympathetic Dystrophy (or Complex Regional Pain Syndrome CRPS) to the lateral right foot. Treatment to date has included orthotic shoes, casting, steroid injections and medications. Currently, the IW complains of severe pain of the right foot with burning, sharp, throbbing, shooting with numbness and tingling that spread from the ankle to the foot with skin color and temperature changes along with spread of symptoms to the left foot. The provider requested a bone scan as part of diagnostic criteria for Complex Regional Pain Syndrome. On 12/04/2014 Utilization Review non-certified bone scan, noting the MTUS Chronic Pain Treatment Guidelines, Complex Regional Pain Syndrome and ODG Pain Chapter, CRPS were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Scan for Complex Regional Pain Syndrome (CRPS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, CRPS Diagnostic Tests, Imaging Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-380.

**Decision rationale:** This 34 year old female has complained of right ankle pain since date of injury 10/10/12. She has been treated with steroid injection, physical therapy and medications. The current request is for a bone scan. Per the MTUS/ACOEM guidelines cited above, a bone scan is not recommended in the evaluation and treatment of foot and ankle pain. On the basis of the available medical documentation and per the MTUS guidelines cited above, a bone scan is not indicated as medically necessary.