

Case Number:	CM15-0109633		
Date Assigned:	06/16/2015	Date of Injury:	04/10/2005
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 63 year old male who sustained an industrial injury on 04/10/2005. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having spondylosis, cervical without myelopathy, chronic pain, allodynia. Treatment to date has included surgery, epidural steroid injections, medications, ablations and physical therapy. Currently, the injured worker complains of neck and right wrist pain radiating to the bilateral biceps to fingers. The pain is described as aching, stiff, cramping, sharp and spasming. The pain is associated with fatigue, headache, poor sleep, sexual dysfunction, and weakness. It is aggravated by activity, bending, and strenuous activity, lifting, looking around, looking down, and looking up, movement, position change, sitting, weight bearing, and turning over, weather changes, driving, or sitting. It is improved by ice, pain medications, massage, physical therapy, rest and standing. A recent arthroscopic rotator cuff repair on the right shoulder (04/2015) has exacerbated his pain. He reports no relief with a recent epidural steroid injection. Examination found facet line tenderness at C2-C4. Medications include Percocet. The treatment plan included continuation of treatment with Percocet for pain, and request for an outpatient Single Proton Emission Computerized Tomography (SPECT) scan. A request for authorization was submitted for an Outpatient SPECT scan nuclear medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Single Proton Emission Computerized Tomography scan nuclear medication:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Single Proton Emission Computerized Tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet Medial Branch Blocks - SPECT Scan (Single Photon Emission Computed Tomography), page 427; Head, SPECT Scan, page 219: Not recommended. Single Photon Emission Computed Tomography (SPECT) is not generally accepted as a diagnostic test and is considered investigational for diagnostic purposes.

Decision rationale: ACOEM Treatment Guidelines is silent on the use of SPECT Scan (Single Photon Emission Computed Tomography); however, criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none of which has been identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the SPECT scan nor document any specific clinical findings to support this imaging study. ODG states the SPECT Scan is not generally accepted as a diagnostic test and is considered investigational for diagnostic purposes. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Submitted reports have not demonstration for indication to support for the scan beyond Guidelines criteria. The Outpatient Single Proton Emission Computerized Tomography scan nuclear medication is not medically necessary or appropriate.