MAXIMUS Federal Services

Case Number:	CM15-0134553		
Date Assigned:	07/22/2015	Date of Injury:	10/24/2008
Decision Date:	09/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44 year male with an industrial injury dated 10-24-2008. The injury is documented as occurring when he stepped into a pothole injuring his left ankle. His diagnoses included chronic regional pain syndrome (CRPS) and right ankle sprain secondary to chronic regional pain syndrome, status post contralateral spread to right lower extremity. Prior treatment included spinal cord stimulator, medications and surgery. He presents on 06-04-2014 with right ankle pain and swelling with shooting pain in foot and pain under the arch of his foot. He rates the pain as 7-8 out of 10 and states there is no improvement since his last visit. Physical exam noted normal inspection and percussion of all four extremities without tenderness or swelling. Range of motion was normal without pain or crepitus. Treatment plan included medications, home exercise, heat and ice as needed and tri phase bone scan of right lower extremity, to verify spread of his complex regional pain syndrome to right lower extremity. Current work status is total temporarily disabled. The treatment request is for triple bone scan to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple phase bone scan to the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- CRPS, diagnostic tests.

Decision rationale: Triple phase bone scan to the right lower extremity is not medically necessary per the MTUS and the ODG. The MTUS states that a triple phase bone scan can be used to aid in the diagnosis of CRPS. The ODG states that for a diagnosis of CRPS assessment of clinical findings is the most useful method of establishing the diagnosis. The ODG states that a gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. The ODG states that triple-phase bone scans (three-phase bone scintigraphy or TPBS) can be used for select patients in early stages to help in confirmation of the diagnosis, however routine use is not recommended. A positive test is not necessarily concordant with the presence or absence of CRPS I and the diagnostic value of a positive test for CRPS is considered low from the view point of the Budapest research criteria versus previously used criteria that were less restrictive. The documentation does not reveal that a triple phase bone scan of the right lower extremity will change the medical management of this condition. Furthermore, the guidelines state that clinical exam findings are one of the most useful methods of establishing a CRPS diagnosis therefore this request is not medically necessary.