

Case Number:	CM15-0163013		
Date Assigned:	08/31/2015	Date of Injury:	02/06/2013
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This 30 year old male sustained an industrial injury to the neck, back and left shoulder on 2-6-13. Magnetic resonance imaging left shoulder (3-25-13) was unremarkable. Computed tomography left shoulder (5-27-14) showed no mass, lesions, abnormal calcifications or evidence of myositis ossificans. Magnetic resonance imaging cervical spine (5-21-13) showed disc desiccation at C2- C7. Previous treatment included acupuncture and medications. In a PR-2 dated 12-8-14, the injured worker complained of pain and stiffness to the cervical spine, rated 7 out of 10 on the visual analog scale. The injured worker stated that acupuncture was slightly helping relieve pain and discomfort. Physical exam was remarkable for cervical spine range of motion with flexion 50 degrees, extension 50 degrees, bilateral rotation at 65 degrees and bilateral lateral bending at 30 degrees, positive foraminal compression and Spurling's tests and tightness and spasm in bilateral trapezius and sternocleidomastoid muscles bilaterally. Current diagnoses included cervical spine sprain and strain, herniated cervical disc with radiculitis and radiculopathy, left shoulder sprain and strain, rule out tendinitis impingement, left shoulder parascapular sprain and strain, mid back sprain and strain, chronic left thoracic outlet syndrome, anxiety, depression, insomnia, rule out reflex sympathetic dystrophy and sexual impairment. The treatment plan included magnetic resonance imaging brain and electroencephalogram per neurology recommendation, bone scan to rule out reflex sympathetic dystrophy, venous Doppler study for left thoracic outlet syndrome, continuing acupuncture, a urology consultation secondary to sexual dysfunction and refilling medications (Xanax, Oxycodone IR and Ambien).

On 8-12-15, Utilization Review noncertified a request for bone scan left shoulder upper extremity noting that based on the documentation provided, it was unclear why a bone scan was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan of the Left Shoulder Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under CRPS.

Decision rationale: Based on the 7/13/15 progress report provided by the treating physician, this patient presents with increased left shoulder pain that "feels as though it is about to pop out," increased cervical spine pain. The treater has asked for BONE SCAN OF THE LEFT SHOULDER UPPER EXTREMITY but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient also complains of lumbar spine pain that radiates down to his right foot with needling sensation at bottom of his foot per 5/1/15 report. The patient is s/p ganglion blocks which failed to provide relief per 7/13/15 report. The patient rates his overall pain as 8-9/10 on VAS scale per 6/8/15 report. The patient's symptoms are increasing and even the simplest activities cause him to be in pain per 5/1/15 report. The patient's work status is temporarily totally disabled per 7/13/15 report. ODG Pain chapter under CRPS, diagnostic tests (Imaging studies) states: Triple-phase bone scans (three-phase bone scintigraphy or TPBS): Recommended for select patients in early stages to help in confirmation of the diagnosis. Routine use is not recommended. The three phases are referred to as blood flow (first phase injection), blood pool (second phase at approx 2 minutes post injection), and delayed (third phase at approx 3 hours). The diagnosis is suggested when the blood flow and blood pool images show diffuse asymmetric uptake, or when the delayed image indicates increased asymmetric periarticular uptake. There is research to suggest that the delayed phase is the most sensitive for the diagnosis. (Pankaj, 2006) (Wuppenhorst, 2010) Per progress report dated 12/18/14, treater's reason for the request is to "rule out reflex sympathetic dystrophy." Utilization review letter dated 8/12/15 denies request, as "it is not clear why a bone scan is indicated. It is not indicated for shoulder rotator cuff, instability, impingement pathology." In this case, the patient presents with chronic pain of the cervical spine, lumbar spine, and left shoulder. However, there is no report of any extremity symptoms; no exam findings such as hypersensitivity, dystrophic changes, joint swellings to suspect CRPS. ODG supports the use of bone scans in early stages to help in confirmation of diagnosis of CRPS. This patient does not present with any signs or symptoms of a potential CRPS. The request IS NOT medically necessary.