

Case Number:	CM15-0177147		
Date Assigned:	09/18/2015	Date of Injury:	03/27/2015
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, 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:

The injured worker (IW) is a 55 year old male who sustained an industrial injury on 03-27-2015. Medical records indicate he had a crushing injury of the right side of the right leg. He had a right lower extremity laceration -avulsion with a contusion. Treatment to date has included wound care, pain medications and antibiotics. In the provider notes of 07-29-2015 the injured worker complains of sharp and dull aching pain with stabbing, burning and shooting pain, numbness, tingling and burning sensation on the right leg with increased pain by the end of a week. The worker has exacerbation s six times daily that can last all day. Pin is a 7-9 on a scale of 0-10. Activities both at home and work and worsen the pain. The IW reports limitations to squatting, kneeling, bending, driving, walking and lifting 15 pounds. He is not working as there are no accommodating jobs at his employer. On examination of the right leg, there is tenderness to palpation along the leg and the once open wound that is now healed. The overlying skin is intact with no ecchymosis or erythema. Movement is unrestricted. There is swelling and dysesthesia to light touch of the right lower extremity. The plan of care is for a triple phase bone scan with blood pooling to rule out Reflex Sympathetic Dystrophy. A request for authorization was submitted for Triple phase bone scan with blood pooling for right leg. A utilization review decision 08-18-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple phase bone scan with blood pooling for right leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Nucl Med. 1988 Jan; 29 (1): 26-32. Three-phase bone scanning in reflex sympathetic dystrophy of the hand. Demangeat JL1, Constantinesco A, Brunot B, Foucher G, Farcot JM. Author information 1 Nuclear Medicine Department, C.H.R.U. Hautepierre, Strasbourg, France.

Decision rationale: Complex regional pain syndrome or RSD is diagnosed by clinical exam. Bone scan may provide information on grading or blood pooling in the region but is not required for diagnosis. Bone scans are intended to evaluate for infection or tumors. In this case, the claimant does have persistent pain but a bone scan is not required to "rule out" RSD. The request is not medically necessary.