

<b>Case Number:</b>	CM15-0071378		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old male, who sustained an industrial injury on 01/13/2010. The initial complaints, mechanism of injury and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, cardiac stress testing, laboratory testing, echocardiogram, and x-rays. Currently, the injured worker complains of fluctuating blood pressures. The diagnoses include hypertension, esophageal reflux disease, impotence organic origin, benign hypertensive heart disease, and essential hypertension. The request for authorization included MIBG scans test for localizing pheochromocytoma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIBG Scan test for localizing pheochromocytoma:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.emedicine.medscape.com](http://www.emedicine.medscape.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://radiopaedia.org/articles/mibg>, <http://www.mdguidelines.com/pheochromocytoma>.

**Decision rationale:** MIBG scan is a scintigraphic study that uses metaiodobenzylguanidine labeled to Iodine-123 or Iodine-131. It is indicated in the investigation of a very rare tumor called pheochromocytoma. Although not germane to this review of clinical necessity, such tumors are not caused by injury. Tests for this condition, however, are multiple, and include an adrenal biopsy that shows pheochromocytoma, adrenal medullary imaging (MIBG scintiscan) that shows tumors, an MRI scan of the abdomen that shows an adrenal mass, an abdominal CT scan that shows adrenal mass, tests that measure the level of adrenal hormones in urine (urine metanephrine and urine catecholamines), a glucose test, and a blood test that measures levels of catecholamines. Positron emission tomography (PET) scanning can be useful in the detection of occult tumors. In this case, for this very rare tumor, it is not clear why MIBG is being selected. The results for example of a 24-hour urine catachoamine are not known. At present, the request for this more advanced imaging over simpler tests is not medically necessary.