MAXIMUS Federal Services

Case Number:	CM15-0074012		
Date Assigned:	04/24/2015	Date of Injury:	12/11/2013
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: Connecticut, California, Virginia
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 40 year old male, who sustained an industrial injury on 12/11/2013. He has reported injury to the thoracic spine, bilateral sternal region, right axilla, and right shoulder. The diagnoses have included thoracic sprain/strain; thoracic facet joint arthropathy; right thoracic facet joint pain; bilateral sternal strain; and right shoulder impingement. Treatment to date has included medications, diagnostics, trigger point injections, acupuncture, and physical therapy. Medications have included Lyrica, Percocet, Fentanyl Patch, and Morphine Sulfate IR. A progress note from the treating physician, dated 02/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of thoracic back pain; bilateral sternal pain; right shoulder pain; right axilla pain that radiates into the right upper arm; and pain is rated 8/10 on the visual analog scale. Objective findings included tenderness upon palpation of the thoracic paraspinal muscles, bilateral sternum and pectoralis, right shoulder, and right axilla; and there are restricted ranges of motion to the right shoulder, thoracic spine, and lumbar spine. The treatment plan has included the request for Technetium-99 scan of chest wall (methylene diphosphonate bone scans).

IMR ISSUES, DECISIONS AND RATIONALES

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

Technetium -99 scan of chest wall (methylene diphosphonate bone scans): 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 - Lumbar & Thoracic chapter, Bone scans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, bone scan.

Decision rationale: The California MTUS does not discuss bone scan as an option, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. The ODG clearly states that bone scan is not recommended except in cases of bone infection, cancer, or arthritis. In this case, without clear evidence concerning for metastases, infection, inflammatory arthropathies, or significant fracture/trauma, there is no indication for bone scan at this time. Should concerns for issues warranting bone scan be present or develop, findings should be clearly documented in order to facilitate consideration of future studies. At this time, based on the provided documents and guidelines, the request for bone scan is not medically necessary at this time.