

Case Number:	CM15-0203259		
Date Assigned:	10/20/2015	Date of Injury:	05/10/2010
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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, New York, 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 applicant is a represented 69-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 10, 2010. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a white blood cell scan. The claims administrator referenced a September 28, 2015 RFA form in its determination, along with an associated progress note dated August 27, 2015. Non-MTUS ODG Guidelines on bone scanning were cited. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery and status post earlier spinal cord stimulator implantation and explanation. Multifocal complaints of mid back pain, low back pain, shoulder pain, hip and hand pain were reported. The applicant exhibited an antalgic gait requiring usage of a cane. A white blood cell scan was sought. The attending provider acknowledged that MRI and CT images of the lumbar spine showed enhancement without any obvious abscess, discitis, or ongoing infection. The attending provider suggested that white blood cells can be furnished to identify the presence or absence of a focal infection. The attending provider cited a June 17, 2015 CT scan of lumbar spine demonstrating marked postsurgical changes in the posterior paraspinal soft tissue. It was stated that an underlying infectious process could not be excluded.

IMR ISSUES, DECISIONS AND RATIONALES

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

White blood cell (WBC) scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Bone Scan.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the proposed white blood cell scan was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, bone scanning, an article essentially analogous to white blood scan at issue, is recommended in the detection of physiologic abnormalities. The MTUS Guidelines in ACOEM Chapter 12, algorithm 12-1, page 311 likewise notes that bone scanning can be considered in applicants in whom there is some suspicion of cancer or infection. Here, the attending provider stated on August 27, 2015 that an infectious process about the lumbar spine status post earlier failed lumbar spine surgery could not be excluded. The attending provider seemingly speculated that the applicant could have some infection source for his residual pain complaints. The attending provider referenced CT scanning of lumbar spine dated June 17, 2015 which was suspicious (but not definitive) for a soft tissue infection. Moving forward the white blood cell scan in question was, thus, indicated. Therefore, the request was medically necessary.