Case Number:	CM15-0025099		
Date Assigned:	02/17/2015	**Date of Injury:**	09/30/1997
Decision Date:	03/31/2015	**UR Denial Date:**	02/10/2015
Priority:	Standard	**Application Received:**	02/10/2015

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, 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:

This is a 46 year old male patient, who sustained a work related injury on 9/30/97. The diagnoses have included low back pain and lumbar degenerative disc disease. Per the PR-2 dated 12/22/14, he had complains of sudden onset of back spasms. He had complains of low back pain. He is using a cane for ambulation. Physical examination revealed tenderness to palpation of lower back and decreased range of motion in lower back, positive straight leg raising bilaterally and normal strength and sensation. The medications list includes vicodin. He has undergone lumbar fusion L4-5 and L5-S1. He has had lumbar MRI on 10/14/14 which revealed minimal progression of degenerative disease; CT lumbar spine on 1/12/15 which revealed status post fusion L4-S1 with solid bony union; MRI cervical spine on 10/3/14. He has had lumbar injections for this injury. On 2/10/15, Utilization Review non-certified requests for a lumbar bone scan and WBC scan. Non-MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/24/15) Bone scan

Decision rationale: Request: Q-1- Lumbar bone scan As per ODG pain guidelines,Bone scan is Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma.Physical examination with evidence of metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma is not specified in the records provided. A MRI of the lumbar spine has already been done and it did not reveal evidence of tumor, infection or significant fracture. Response to previous conservative therapy is not specified in the records provided. The medical necessity of lumbar bone scan is not fully established for this patient.

WBC scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Infectious Diseases (updated 11/11/14) Bone & joint infections: diabetic foot Bone & joint infections: diabetic foot & osteomyelitis

Decision rationale: Request: Q-2-WBC scan Per the cited guidelines regarding diagnosis of bone infection Diagnostic studies: Plain radiographs are recommended for patients with a new infection. If soft-tissue abscess or osteomyelitis is suspected, a MRI is recommended. If this cannot be obtained, a bone scan in combination with labeled white blood cell scan is an alternative. A complete blood count, metabolic panel, Hemoglobin A1C, C-reactive protein and erythrocyte sedimentation rate are recommended.In addition per the cited guidelines regarding diagnosis of osteomyelitis MRI is recommended if there is suspicion of deep abscess or when findings on plain films are equivocal for osteomyelitis. If this is not available or contraindicated, a leukocyte or antigranulocyte scan combined with a bone scan is a possible recommendation. The most definitive diagnosis is with bone culture and histology. If bone debridement has not occurred, a diagnostic bone biopsy may be required if there is diagnostic uncertainty, inadequate culture, or failure of response to empiric treatment. Deep tissue or bone culture is preferred over swab specimens.Evidence of osteomyelitis or bone infection is not specified in the records provided. Evidence of fever is not specified in the records provided. Basic lab tests prior to a WBC scan like a complete blood count, metabolic panel, Hemoglobin A1C, C-reactive protein and erythrocyte sedimentation rate were not specified in the records provided. The medical necessity of WBC scan is not fully established for this patient.