MAXIMUS Federal Services

Case Number:	CM15-0057915		
Date Assigned:	04/02/2015	Date of Injury:	01/05/2011
Decision Date:	05/13/2015	UR Denial Date:	03/01/2015
Priority:	Standard	Application Received:	03/26/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury on 1/5/2011. His diagnoses, and/or impressions, include: lumbosacral interbody fusion, right laminotomy and medial facectomy with instrumentation changes/ non-union; (illegible) lumbosacral; lumbar discogenic disease and degenerative changes; left shoulder impingement; left knee arthroscopy; and chronic pain. Current 3-D computed tomography studies of the lumbar spine and current left shoulder magnetic resonance imaging are noted on 10/3/2014. His treatments have included left knee surgery; lumbar back surgery with hardware placement (5/2012); physical therapy; and medication management. The history notes complaints of low back pain with radiculopathy to the left leg, as well as pain to his left shoulder and mid back, and that an additional back surgery may be beneficial. The progress notes of 2/24/2015, shows complaints of low back pain and left shoulder pain. Noted is that he does not wish to undergo another back surgery at this time, as he wishes to have the post-lumbar back surgery shoulder and knee injuries operated on first; so the discogram was put on hold. The physician's requests for treatments included a diagnostic white blood cell count tag scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

White blood cell (WBC) tag scan of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, under Bone Scan Imaging Websites: www.beaumont.edu and www.guideline.gov.

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left leg. The request is for WHITE BLOOD CELL (WBC) TAG SCAN OF THE LUMBAR SPINE. Patient is status post lumbar fusion L5-S1 in 2012. Patient's diagnosis per Request for Authorization form dated 02/20/15 includes degeneration lumbar/lumbosacral, and postlaminectomy syndrome. Diagnosis on 02/17/15 includes L5-S1 nonunion. Treatment to date included left knee surgery; lumbar back surgery with hardware placement May 2012; physical therapy; and medication management. Patient medications include Norco, Percocet and Cyclobenzaprine. The patient is permanent and stationary, per 02/25/15 treater report. ACOEM and MTUS are silent regarding WBC scan. ODG-TWC, Knee and Leg Chapter, under Bone Scan Imaging states: "Recommended after a total knee replacement if pain caused by loosening of implant suspected. In pain, after total knee arthroplasty, after negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test." Per www.beaumont.edu, indium bone scan (white blood cells scan) is typically used to discover presence of infection.www.guideline.gov states: "ACR Appropriateness Criteria imaging after total knee arthroplasty. Disease/Condition(s): Complications after total knee arthroplasty (TKA), including infection, component loosening, and component wear; Interventions and Practices Considered, Nuclear medicine: Technetium (Tc)-99m bone scan, kneeGallium (Ga)-67 scan, kneeIndium (In)-111-labeled white blood cell (WBC) and sulfur colloid scan, knee." UR letter dated 03/01/15 states "...there is insufficient physical exam or diagnostic testing indications of a spinal infection that establish the medical necessity for this scan." Per 02/25/15 progress report, treater states the patient has been recommended "left shoulder surgery... Patient states after his back surgery he was rolling out of bed and twisted his shoulder and during physical therapy injured his knee... I have discussed with him the need for back surgery... I have told [the patient and his wife] what would happen if the fusion stays non-solid and possibility of hardware loosening." Per 02/17/15 treater report, "...the patient may need his fusion redone and also possibly fuse the L4-5 level. There should be no activity on the scan related to the L5-S1 level, I am concerned that there may possibly be an infection. It is in the patient's best interest to obtain a WBC tag scan to the lumbar spine to rule out failed fusion versus infection." However, this study is not typically used for L-spine hardware infection. The treater does not discuss any x-ray findings, or updated CT scan looking for evidence of infection. There are no constitutional symptoms suggesting possible symptoms either other than the usual low back pain. The request is not medically necessary.