

<b>Case Number:</b>	CM13-0009125		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/10/1985
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 10, 1985. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar laminectomy; an MRI imaging of December 7, 2012, notable for postsurgical scarring and multilevel disc desiccations and low-grade protrusions of uncertain clinical significance. In a utilization review report of July 12, 2013, the claims administrator denied a request for a lumbar support, interferential unit, an MRI of the lumbar spine, Vicodin, and Valium. The applicant's attorney later appealed, on August 9, 2013. An earlier sparse progress note of August 7, 2013, is notable for comments that the applicant reports persistent low back and left wrist pain. Tenderness and limited lumbar range of motion are noted. Lumbar support, Vicodin, and Valium are sought. The applicant's work status is not stated. A later note of September 11, 2013, is notable for comments that the applicant receives renewals of Vicodin and Valium. The applicant's work and functional status are again not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, lumbar supports have not been shown to have any lasting benefit outside of the acute phase, for immediate symptom relief purposes. In this case, the applicant is several years removed from the date of injury. It is unclear what role the lumbar support would serve in this context. Therefore, the request is not certified.

**Rental of an Interferential Unit for 2 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of an interferential stimulator can be endorsed in conjunction with a program of functional restoration, in individuals with issues with inadequate pain control with analgesic medications, a history of substance abuse that would prevent provision of analgesic medications, and/or significant pain from postoperative conditions which will limit the ability to perform physical therapy. In this case, however, the documentation on file is sparse, highly templated, and minimal. There is no mention of any issues related to medication tolerance, medication ineffectiveness, or inadequate pain control with physical therapy. It is further noted that the MTUS endorses a one-month trial as opposed to the two-month trial being sought here. Therefore, the request is not certified.

**The request for an MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-a, MRIs are the test of choice for individuals with prior lumbar spine surgery. In this case, the applicant did have prior lumbar laminectomy. However, the more recent progress notes provided do not establish the presence of unequivocal neurologic compromise on neurologic exam. There is no indication or evidence that the applicant would consider further spine surgery at this point. Therefore, the request for repeat lumbar MRI imaging is not indicated and not certified as there is no evidence that the applicant has residual neurologic deficits, nor is there evidence that the applicant would consider a repeat spine surgery here.

**The request for Vicodin ES, twice a day (bid), #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, none of the aforementioned criteria have clearly been met. The applicant's work and functional status are unknown and/or have not been detailed. There is no evidence that the applicant has successfully returned to work. Therefore, the request for Vicodin remains non-certified, on independent medical review.

**The request for Valium 10mg, twice a day (bid), #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic long-term use purposes, either for anxiety, depression, anticonvulsant effect, muscle relaxant effect, sedative effect, etc. In this case, no compelling rationale or narrative was attached to the request for authorization so as to try and offset the unfavorable MTUS recommendation. As noted previously, the documentation on file is sparse and scant. Therefore, the request is not certified.