

Case Number:	CM13-0028206		
Date Assigned:	11/22/2013	Date of Injury:	09/09/2008
Decision Date:	02/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 61-year-old male who reported an injury on 09/09/2008. The mechanism of injury was bending while carrying heavy sacks of grapes around his chest and neck. He initially underwent x-rays of the lower back which were negative for fractures and then received an unknown injection, prescribed medications, and an unknown duration of physical therapy. An official MRI performed on 09/07/2012 revealed multiple disc bulges to include a 1 to 2 mm posterior bulge at L2-3 with facet joint hypertrophy; a 2 to 3 mm posterior bulge at L3-4 with facet joint hypertrophy; a 3 to 4 mm bulge at L4-5 with facet joint hypertrophy; a 6 mm bulge at L5-S1 with facet joint hypertrophy; and mild canal stenosis throughout, with severe bilateral neural foraminal narrowing at L3-4, L4-5, and L5-S1. An x-ray obtained 02/11/2013 of the lumbar spine revealed severe degenerative disc disease and disc collapse at L4 through S1. An EMG/NCV study performed on 03/06/2013 revealed an active bilateral L5 radiculopathy. The patient then underwent a posterior laminectomy, decompression, and posterior fusion at L5-S1 on 05/20/2013. It is not stated in the medical records that he received postoperative physical therapy; however, he did have an unremarkable recovery. The most recent clinical report dated 08/20/2013 states that the patient is doing well with only intermittent pain that is controlled by his medications, including Flexeril 7.5 mg, Norco 10/325 mg, and Xanax 1 mg. An x-ray of his lower back on that date shows excellent position of the hardware and good healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404..

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend anxiolytics as a first line therapy for stress-related conditions because they can lead to dependence. They also do not alter stressors or the individual's coping mechanisms. Guidelines state that they may be appropriate for brief periods in the case of overwhelming symptoms that interfere with daily functioning; however, if these medications are needed for a longer time, the patient should be referred for psychiatric treatment. The clinical records indicate that the patient has been receiving Xanax since at least 04/2013 with no referral to psychological care. It is also noted in the 08/20/2013 note that the Xanax is being used for sleep maintenance. It is unclear why the patient has been allowed to remain on this medication for so long, and it is appropriate to expect weaning to begin. If the patient continues to have difficulty with feelings of anxiety and depression, it is appropriate to refer to psychologic care. As such, the request for Xanax 1 mg, #60 is non-certified.

X-rays of the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304..

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend lumbar spine x-rays in patients with low back pain in the absence of red flags or serious spinal pathology. The patient received several pre-operative x-rays, as well as several post-operative x-rays, in the course of his treatment. In the medical records provided for review, it appeared that the patient received lumbar x-rays at every physician visit for surgical follow-up, which is not in compliance with guideline recommendations. Guidelines state that radiography is only mildly helpful in defining and identifying disc protrusions, cauda equina, spinal stenosis, and postlaminectomy syndrome. The patient is already known to have severe degenerative disc disease, and the initial post-operative x-ray to ensure placement of hardware should have been sufficient. As such, the guideline recommendation for lumbar x-rays has been exceeded, and the request for x-rays of the back is non-certified.