

<b>Case Number:</b>	CM14-0176983		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/22/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

This patient is a 36 year old female with an injury date of 3/22/09. No PR2 was submitted with the treatment request. Work status as of 7/10/14: "The patient is not working, but can return to modified work as per AME. If the restrictions are unable to be accommodated, then the patient should be considered temporarily totally disabled." Based on the 7/10/14 progress report, this patient complains of "persistent pain in her back at 6/10," which is "frequent and same as last month" and "radiates into both legs." Patient takes two tablets of Ultram a day and reports improvement in her pain levels after taking the medication from 6/10 to 2-3/10 on a pain scale of 0-10. Exam of the lumbar spine revealed "decreased range of motion" with "tenderness to the paraspinals muscles equally." Patient has "decreased sensation bilaterally 4/5 at L4, L5, and S1" with "2+" deep tendon reflexes bilaterally at the patellar and Achilles tendons. Diagnoses for this patient are: 1. Lumbar disc disease, status post fusion (11/2009)2. Failed lumbar condition3. Left lower extremity radicular pain4. Psyche issuesThe utilization review being challenged is dated 10/06/14. The request is for MRI lumbar spine without contrast, consultation with urologist, and Xanax 0.5mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without contrast:** Overturned

**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 (ODG) Low Back, Protocols (online)

**Decision rationale:** This patient presents with persistent 6/10 back pain that radiates into both legs, which is "frequent and the same as last month." The treater requests MRI lumbar spine without contrast, which was denied "due to the lack of clinical information that raises red flags and would warrant a repeat; claimant has 5/5 strength and ongoing psychological issues." ODG guidelines states, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." This patient is status post (s/p) lumbar fusion (11/2009) and is diagnosed with left extremity radicular pain. The treater asks for a repeat lumbar MRI. There is no new injury or significant change in the patient's clinical presentation. The 7/16/14 exam of the lumbar spine by treater shows "normal strength 5/5 bilaterally at L4, L5, and S1 but decreased sensation bilaterally 4/5 at L4, L5, and S1." In the 6/12/14 report, the treater states the patient "is in need of an updated MRI scan of her lumbar spine with IV contrast as her previous diagnostics were obtained four years ago" and "her symptoms have worsened." Review of the reports does not show an MRI following the patient's surgery from 2009. The request is medically necessary.

**Consultation with Urologist:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page 127, consultation

**Decision rationale:** This patient presents with persistent 6/10 back pain that radiates into both legs, which is "frequent and the same as last month." The treater requests a consultation with urologist, which was denied as there is no "clear rationale attributing the claimant's symptoms to her surgical status; for example, if the incontinence is intermittent, it would be less likely related to the spine, where incontinence is frank and uncontrolled." According to ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an

advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. 7/23/14 report: "Patient handles her own self-care and personal hygiene including bathing herself, feeding herself, dressing herself, and using the bathroom herself." 6/12/14: "She denies bowel or bladder dysfunction." Review of the genitourinary system: "Denies vaginal discharge, incontinence, dysuria, hematuria, urinary frequency, amenorrhea, menorrhagia, abnormal vaginal bleeding, or pelvic pain. The treater does not explain or provide sufficient information as to why the urology consult was requested. Furthermore, there are no diagnoses, physical exams, or documented signs and symptoms to support the consultation as a medical necessity.

**Xanax 0.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Benzodiazepines Page(s): 60, 61, 23, 24.

**Decision rationale:** This patient presents with persistent 6/10 back pain that radiates into both legs, which is "frequent and the same as last month." The treater requests Xanax 0.5mg #60. Regarding benzodiazepines, MTUS guidelines recommend a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. According to the 7/23/14 report, this patient "indicates now that she has depression almost every day on a scale of 1 to 10, 10 being the worst, an average of an 8." On mental status examination, there were "signs of mild to mild-to-moderate anxiety and depression" and therefore, "the original previous diagnosis of major depressive disorder is upheld." Regarding the back pain, per 7/16/14, this patient "does take Tramadol that helps her pain from 6/10 to 2/10." If this patient was prescribed Xanax for her "anxiety and depression," MTUS guidelines state that a more appropriate treatment for anxiety disorder is an antidepressant. Furthermore, benzodiazepines, act synergistically with other drugs such as opioids. In this case, the patient takes Ultram (prescribed), which can cause adverse effects with the benzodiazepine. The 10/06/14 utilization review modified and certified for a quantity #30, which seems reasonable; however, review of submitted documents do not document Xanax among this patient's list of current medications, nor indicate use of. Given the lack of clinical documentation why the Xanax was requested by the treater, the request is not medically necessary.