

<b>Case Number:</b>	CM14-0179749		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 38 year old male who was injured on 5/18/2011. He was diagnosed with chronic lumbar strain, chronic cervical strain, right lower extremity radicular pain, "psych issues", sleep disorder (due to pain), and headaches. He was treated with physical therapy, acupuncture, chiropractor treatments, medial branch blocks and radiofrequency ablation (lumbar), and various medications including benzodiazepines, antidepressants, NSAIDs, and anti-epileptics. On 9/26/14, the worker was seen by his primary treating physician for a follow-up, reporting persistent pain in his neck and back rated at 6/10 on the pain scale for his neck pain and 8/10 on the pain scale for his back pain. He complained of no change in his pain level or symptoms since his last visit, however, he continued to have radiation of pain into his legs. He reported his Motrin reducing his pain and his Valium helps his anxiety. He reported not working at the time. Physical findings included normal affect and mood, tenderness of the cervical region and lumbar region over the paraspinal muscles, and an antalgic gait. He was then recommended MRI of the cervical spine and lumbar spine, referral to a pain specialist and psychiatrist (for severe anxiety), have a sleep study, use an topical analgesic (Keratek), and continue using Motrin and Valium on a regular basis as he had been. A drug screen was also requested in preparation for his next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303-305, Chronic Pain Treatment Guidelines Page(s): 23, 44. Decision based on Non-MTUS Citation ODG formulary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back section, MRI

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, there is insufficient evidence of nerve compromise found in the notes available for review which would justify an MRI study of the lumbar spine. No subjective or objective evidence suggested he had a red flag diagnosis. Also, there is no evidence that suggested this worker was contemplating lumbar surgery. Although this worker is experiencing chronic decreased function and pain, MRI is highly unlikely to change the treatment plan, making it medically unnecessary.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, he had been experiencing chronic neck pain with persistent decreased function. However, there is no evidence found in the notes available for review that would suggest he was experiencing a red flag diagnosis or any neurologic dysfunction confirmed by objective findings,

which is required in order to justify imaging such as MRI of the cervical spine, which was requested. It is unlikely, considering the presented evidence that this worker will benefit from an MRI as it is unlikely to change the treatment plan. Also, there was no evidence that the worker was considering surgery. Therefore, the cervical MRI is not medically necessary.

**Valium (to M) q8 hours prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, he had been using Valium primarily for his anxiety, which was reportedly severe. However, he had been using it chronically, which is generally not recommended. Consideration of chronic benzodiazepine use needs to be decided by a psychiatrist and only after considering other therapies first. Therefore, the Valium will be considered not medically necessary to continue. Referral to psychiatrist and consideration of other therapies for his anxiety is recommended. Weaning of Valium may be necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, he had been using benzodiazepines, however, there was no evidence found in the notes available for review that would suggest he was abusing any drugs in

any way or exhibited any abnormal behaviors. Drug screening, in this case, would be medically unnecessary.