

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0030888 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 11/14/2004 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/11/2014 |

### 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 Internal 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 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 injured worker is diagnosed with cervicalgia, thoracalgia, and lumbalgia. The date of injury was 11/14/2004. The injured worker complained of lower back side aches including the legs and hips, N/T arms, hands, feet and muscles. The injured worker had relief from pain when taking medications Norco, Valium, Robaxin and Morphine. A diagnostic test was conducted which included x-rays and a MRI. The injured worker has been out of work for the last 9 years. Some objective findings were that the injured worker had significant hyper kyphotic, ambulates very slowly with help of walker, and palpation of the injured worker's spine. An extremity was revealed by the treating physician which included thoracic kyphosis. Neurological test were taking that included Romberg's test, finger to nose, toe to heel and walking. A report dated 01-04-2014 requested an MRI of the lumbar spine, an MRI thoracic spine, back brace, Valium, and Robaxin.

### 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:** 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 primary treating physician's progress report signed 02-20-2014 documented diagnoses, which included Cervicalgia, Thoracalgia, and Lumbalgia. There is no documentation that showed the injured worker was diagnosed with cauda equina syndrome, a tumor, an infection, or a fracture during the examination. There is no documentation of plain film radiographs. Per the MTUS guidelines, medical records do not support the medical necessity of MRI of Lumbar Spine. Therefore, the request for MRI of the lumbar spine is not medically necessary.

**MRI of the thoracic spine:** Upheld

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

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

**Decision rationale:** The primary treating physician's progress report signed 02-20-2014 documented diagnoses, which included Cervicalgia, Thoracalgia, and Lumbalgia. There is no documentation that red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. There is no documentation of plain film radiography. Per the MTUS guidelines, medical records do not support the medical necessity of MRI of the thoracic spine. Therefore, the request for an MRI of the thoracic spine is not medically necessary.

**Back brace:** 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): 301.

**Decision rationale:** The primary treating physician's progress report signed 02-20-2014 documented diagnoses, which included Cervicalgia, Thoracalgia, and Lumbalgia. The date of injury was 11/14/2004. The injured worker's back condition is beyond the acute phase of symptom relief. The MTUS guidelines and medical records do not support the medical necessity of a back brace. Therefore, the request for a back brace is not medically necessary.

**Prescription of Valium 10mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 24 and 66.

**Decision rationale:** The primary treating physician's progress report signed 02-20-2014 documented diagnoses, which included Cervicalgia, Thoracalgia, and Lumbalgia. The date of injury was 11/14/2004. The MTUS guidelines do not recommend the use of benzodiazepines. Valium is a benzodiazepine. The MTUS guidelines and medical records do not support the medical necessity of Valium. Therefore, the request for Valium 10 mg, #90 is not medically

necessary.

**Prescription of Robaxin 500mg,: Upheld**

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 63 and 65.

**Decision rationale:** The primary treating physician's progress report signed 02-20-2014 documented diagnoses, which included Cervicalgia, Thoracalgia, and Lumbalgia. The date of injury was 11/14/2004. The MTUS and the FDA guidelines limit Robaxin to short-term treatment and acute musculoskeletal conditions. The injured worker's injuries are long term and not acute. The MTUS and the FDA guidelines and medical records do not support the medical necessity of Robaxin (Methocarbamol). Therefore, the request for Robaxin 500 mg is not medically necessary.