

<b>Case Number:</b>	CM14-0090467		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 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 patient is a 36-year-old male who has submitted a claim for lumbar herniated nucleus pulposus and degenerative disc disease associated with an industrial injury date of 11/9/12. Medical records from 2012 to 2014 were reviewed. The patient complained of low back pain radiating to the right posterior leg, associated with muscle spasm. The patient reported minimal pain relief from intake of medications. The patient likewise experienced emotional symptoms; however, they were unspecified. Aggravating factors included prolonged sitting and standing. Physical examination showed tenderness, spasm, painful and restricted range of motion of the lumbar spine. Straight leg raise test and Kemp's test were positive at the right. Motor strength was intact. X-ray of the lumbar spine, dated 11/11/12, demonstrated degenerative spurring at L5. MRI of the lumbar spine from 1/7/13 demonstrated lumbar spine straightening, mild degenerative disc and facet joint disease, 3-4 mm broad-based central disc protrusion along with hypertrophic changes of the facet joints at the L4-L5 level causing a mild effacement of the anterior thecal sac and a mild bilateral lateral recess stenosis. Treatment to date has included 9 sessions of chiropractic treatment, physical therapy, acupuncture, myofascial release, heat modality, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2 times a week for 6 weeks for Lower Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

**Decision rationale:** As stated on pages 58-59 of the California MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, patient previously underwent chiropractic care. However, there was no documentation concerning total number of sessions attended and functional outcomes. The medical necessity cannot be established due to insufficient information. There is no clear indication warranting additional sessions at this time. Therefore, the request is not medically necessary.

**Consultation with Mental Health Professional:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127; Referrals or Consultation.

**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) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

**Decision rationale:** As stated on page 127 of the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient experienced emotional symptoms; however, there was no further discussion concerning specific symptoms reported. There is likewise no mental status examination available to support the requested service. The medical necessity cannot be established due to insufficient information. Therefore, the request is not medically necessary.

**Consultation with Spinal Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127; Referrals or Consultation.

**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) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

**Decision rationale:** As stated on page 127 of the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of low back pain radiating along the right posterior leg. Physical examination showed tenderness, spasm, painful and restricted range of motion of the lumbar spine. Straight leg raise test and Kemp's test were positive at the right. Motor strength was intact. MRI of the lumbar spine from 1/7/13 demonstrated mild degenerative disc and facet joint disease, and mild bilateral lateral recess stenosis at the L4-L5 level. However, there was no documented rationale for the requested service. The medical records did not reveal uncertainty or complexity of issues on current problems, which may warrant a referral to a specialist. There is no compelling rationale presented. Therefore, the request is not medically necessary.

**Valium 10mg Qty 60:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Valium since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request is not medically necessary.