

<b>Case Number:</b>	CM14-0066973		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 78 year old male, who sustained an industrial injury on April 1, 2003. He reported left knee pain. The injured worker was diagnosed as having status post left and right total knee arthroplasty, lumbar degenerative joint disease and herniated nucleus pulposus with radiculopathy, cervical degenerative joint and disc disease, left knee post-traumatic arthritis and osteoarthritis of the right hip. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left and right knee, physical therapy, medications and activity restrictions. Currently, the injured worker complains of severe neck pain, low back pain and continued left knee stiffness and pain with associated numbness of the hand and feet as well as right knee. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he improved with surgical intervention and physical therapy. Evaluation on October 3, 2013, revealed improvement with residual pain and stiffness. Evaluation on November 20, 2014, revealed continued pain as noted with associated symptoms. Pain injection to the lumbar spine was administered. Evaluation on February 11, 2015, revealed bilateral chronic active lumbar radiculopathy and continued pain as noted. Cortisone injections to the neck and low back and Xanax were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection to the Low Back 1/3/3x2 L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back -Lumbar & Thoracic ( acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM states that invasive techniques including cortisone injections to the low back are of questionable merit. The records do not provide an alternate rationale for this treatment, particularly in this chronic timeframe. The request is not medically necessary.

**Cortisone Injection to the Neck 1/3/3x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back (Acute& Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** ACOEM states that invasive techniques such as steroid injections to the cervical spine have no proven clinical benefit. The records in this case do not provide an alternate rationale to support this request. The request is not medically necessary.

**Xanax 1mg #60: Upheld**

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

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

**Decision rationale:** Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.