

Case Number:	CM15-0102620		
Date Assigned:	06/05/2015	Date of Injury:	07/22/2013
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

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 54 year old male who sustained an industrial injury on 7/22/13 when he lifted a bale of material he experienced severe pain in his low back with radiating hot sensation to his right leg. He was diagnosed with lumbosacral strain, lumbosacral strain with radiculopathy. He was treated with muscle relaxants, pain medication and lumbar support. He had physical therapy without effect; MRI of the lumbar spine (2013) showed central annular tear, paracentral disc protrusion; x-rays of the lumbar spine (2013) showed disc space narrowing but otherwise unremarkable; epidural steroid injections; L5-S1 laminotomies and L5-S1 disc fragment removal (12/2013). He currently complains of constant, stabbing burning low back pain that radiates down both legs and up to his neck. He has numbness in his right leg down to the toes. His pain level is 5/10. He has difficulty with performing basic activities of daily living. On physical exam the cervical spine is normal but with slight tenderness at the back of the neck; the lumbar spine has tenderness to palpation over the spinous process from the neck to lumbar area, range of motion is restricted with marked guarding. Straight leg raise in the supine position is positive; Patrick's test is positive on the right and left. He was prescribed Xanax and Norco. Diagnoses include lumbar spine sprain/ strain; lumbar discogenic disease; status post lumbar spine surgery at L5-S1 (12/2/13); status post lumbar epidural steroid injections; probable lumbar radiculopathy. Diagnostics include an MRI showing evidence of significant disc herniation of the lumbar spine with radiculopathy; x-rays of the thoracic and lumbar spine show significant loss of lumbar lordosis; electrodiagnostic study (3/30/15) of right lower extremity was normal. In the progress note dated 4/30/15 the treating provider's plan of care includes requests for physical

therapy 3X4 to regain core strength and reconditioning exercises for the lumbar spine; interferential unit for 30-60 day rental and purchase if effective to reduce pain and reduce medication usage; Xanax to alleviate pain and symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit and Supplies, 30-60 Day Rental and Purchase if Effective for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented justification provided to supersede the guideline recommendations. The request for interferential unit rental and associated supplies is not medically necessary and appropriate.

Physical Therapy 3x4 for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 10-12 visits over 8 weeks for the lumbar spine. In this case, the patient is 2 years status post injury and the focus should be on self directed home exercise programs. The request for 3x/week for 4 weeks physical therapy sessions is not medically necessary and appropriate.

Xanax .5 MG #60 Prescribed 4/30/15: 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: Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the documentation does not provide rationale to support use of xanax, especially given that the patient is concurrently prescribed Norco. The request for Xanax 0.5mg #60 is not medically necessary and appropriate.