

Case Number:	CM15-0104803		
Date Assigned:	06/09/2015	Date of Injury:	06/02/2011
Decision Date:	07/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 6/2/2011. She reported injury from being struck by a fire door handle. The injured worker was diagnosed as having chronic pain syndrome, lumbago, lumbar degenerative disc disease, sacroiliac joint arthrosis and facet osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 5/19/2015, the injured worker complains of chronic low back pain, rated 4-5/10 with medications and 6-8/10 without medications. Physical examination showed lumbar pain with spasm. The treating physician is requesting Xanax 1 mg #54 and 12 sessions of acupuncture for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg, quantity: 54: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 66, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #54 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are chronic pain syndrome; thoracic lumbosacral neuritis or radiculitis; degeneration lumbar or lumbosacral intervertebral disc; anxiety; lumbago; lumbar facet joint pain; symptoms of depression; sacroiliitis; osteoarthritis spinal facet joint; posttraumatic stress disorder; severe exacerbation of depression. The medical record indicates the injured worker has been taking Xanax (alprazolam) 0.5 mg for back as November 12, 2014. The indications were reportedly stress and anxiety. There has been no psychiatric consultation to date. On March 20, 2015, Xanax was increased to 1 mg. According to a May 19, 2015 progress note (request for authorization May 20, 2015), the subject of section indicates low back pain. There is no discussion of stress or anxiety. There is no documentation indicating objective functional improvement with ongoing Xanax. Additionally, Xanax is not recommended for long-term use (longer than two weeks). The treating provider has prescribed Xanax in excess of five months (first progress note with Xanax dated November 12, 2014). This is in excess of the recommended guidelines (not recommended for long-term use). Consequently, absent clinical documentation with objective functional improvement to support ongoing Xanax 1 mg, ongoing documentation with a clinical rationale to support ongoing Xanax use, and treatment in excess of the recommended guidelines (not recommended for long-term use, longer than two weeks), Xanax 1 mg #54 is not medically necessary.

Acupuncture for the low back, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture low back #12 is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic pain syndrome; thoracic lumbosacral neuritis or radiculitis; degeneration lumbar or lumbosacral intervertebral disc; anxiety; lumbago; lumbar facet joint pain; symptoms of depression; sacroiliitis; osteoarthritis spinal facet joint; posttraumatic stress disorder; severe exacerbation of depression.

According to a progress note dated May 19, 2015 (request for authorization May 20, 2015), the worker has complaints of low back pain. Chiropractic treatment has reportedly resulted in significant benefit. There is no prior documentation of acupuncture. The guidelines allow for an initial trial of 3-4 visits over two weeks. With objective functional improvement an additional 8 to 12 visits may be clinically indicated. The treating provider requested #12 sessions in excess of the recommended guidelines. Consequently, absent guideline recommendations for 12 acupuncture sessions with guideline recommendations indicating a 3-4 visit clinical trial is appropriate, acupuncture low back #12 is not medically necessary.