

<b>Case Number:</b>	CM15-0131289		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/07/2006
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 04-07-2006, secondary to fell resulting in an ankle injury. Documentations status the ankle injury has caused knee and lower back pain. On provider visit dated 06-05-2015 the injured worker has reported low back pain. On examination of the lumbar spine revealed tenderness over the lumbar paraspinal and increased pain with flexion and extension. Straight leg arise was positive bilaterally. The diagnoses have included chronic pain syndrome and low back pain. Treatment to date has included lumbar surgery, massage therapy, medication, and physical therapy and home exercise program. X-ray of the lumbar spine on 07-20-2015 (after utilization review date) revealed osseous neural foraminal narrowing at L5-S1, mild to moderated disc disease at L2-L2 and postsurgical changes of posterior spinal fusion for L3-S1 levels and no listhesies with flexion and extension was noted. The provider requested updated lumbar spine MRI with and without contrast and Xanax-Alprazolam 1mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated lumbar spine MRI with and without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, an X-ray of the lumbar spine on 07-20-2015 (after utilization review date) revealed osseous neural foraminal narrowing at L5-S1, mild to moderated disc disease at L2-L2 and postsurgical changes of posterior spinal fusion for L3-S1 levels and no listhesies with flexion and extension was noted. In this case, there have not been any appreciable changes reported since the last MRI to establish necessity of this request. The request for updated lumbar spine MRI with and without contrast is determined to not be medically necessary.

**Xanax-Alprazolam 1mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anxiety meds in chronic pain.

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

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker is being treated for chronic pain and there is no evidence of an acute exacerbation of pain, therefore, the request for Xanax-Alprazolam 1mg #120 is determined to not be medically necessary.