

<b>Case Number:</b>	CM15-0186223		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/09/1997
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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  
 Certification(s)/Specialty: Anesthesiology

### 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 65 year old male who sustained an industrial injury on 09-09-1997. Medical records indicated the worker was treated for severe chronic low back pain. He has lumbosacral facet arthropathy and lumbosacral disc disease. According to a MRI scan (date not given) the worker has significant degenerative disc disease L3-L5 and has been recommended back surgery by multiple physicians. In the provider notes of 08-25-2015 the injured worker is seen for follow up of his pain. The worker relates that he has tried to hold off on surgery. According to the notes, his pain has been managed well with intra articular lumbar facet cortisone injections, that have provided him greater than 90% relief for at least 3-4 months. He has tried and failed neuropathic medication, cannot tolerate non-steroidal anti inflammatories due to gastrointestinal issues, and prefers to remain off opiates. His current medications include Xanax, Norco, Lopressor, and Medrol. His injections have frequently included diagnostics medial branch blocks in conjunction with therapeutic intraarticular cortisone injection. He obtained essentially no relief with bilateral L3-L4-and L5 RFA (radiofrequency ablation) on 8-25-2014. According to the worker, he feels he experienced a "reaction" from the RFA, having had lingering internal Medicine issues since the injection (hypertension, reactive airway disease symptoms and associated anxiety issues). On examination, he has palpation and tenderness in the lumbo-sacral spine at L4-L5. Facets L4 through L6 are tender to palpation bilaterally and the tenderness is made worse with extension and lateral bend. Lumbar range of motion is decreased in all planes. Sitting straight leg raise is negative bilaterally and toe walking is normal bilaterally. He is strength in the lower extremities is abnormal with decreased sensation to pin in

left L5, S1 and decreased right L5 through S1. There is no evidenced of sensory loss to light touch. His pain and symptoms are affecting his sleep, coping mechanisms, activities of daily living, general health and family life which are affecting him psychologically. Plan of care includes medications, another facet Injection, and psychological evaluation. A request for authorization was submitted for: 1. Immediate psychiatric evaluation 2. Repeat lumbar facet intraarticular injection 3. Neurologist consultation 4. Reimbursement for previous 2 injections 5. Reimbursement for MRI (magnetic resonance imaging). A utilization review decision 09-04-2015 non certified the request in its entirety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Immediate psychiatric evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Psychiatric consultation for treatment of the patient's chronic pain condition. There are no signs or symptoms of any psychiatric condition recorded at the last office visit. There is no documentation indicating that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Repeat lumbar facet intraarticular injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet injections.

**Decision rationale:** According to the ODG, indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular

pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections has not been established. The requested repeat lumbar facet injections are not medically necessary.

**Neurologist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is a specific rationale identifying the medical necessity of the requested Neurology consultation for treatment of the patient's chronic pain condition. The patient has documented sensory and motor loss in both lower extremities. There is documentation indicating that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has been established. The requested service is medically necessary.

**Xanax 0.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The documentation indicates the patient has depression and anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. The patient would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression and anxiety conditions. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.