

Case Number:	CM15-0191876		
Date Assigned:	10/06/2015	Date of Injury:	07/01/2012
Decision Date:	12/14/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 43 year old male, who sustained an industrial injury on 7-1-2012. He reported cumulative traumatic injuries to the low back and lower extremities. Diagnoses include thoracic spine sprain-strain, lumbar spine sprain-strain, bilateral knee contusion-sprain, left shoulder contusion-sprain. Treatments to date include activity modifications, medication therapy, chiropractic therapy, shockwave therapy, and physical therapy. On 7-20-15, he complained of ongoing low back pain with radiation to the upper back, bilateral knee pain, bilateral ankle pain, depression and difficulty sleeping. The physical examination documented tenderness to the lumbar muscles, decreased range of motion and bilateral lower extremity pain. There was tenderness with palpation of bilateral shoulders, left greater than right, with decreased range of motion. The plan of care included ongoing medication therapy and radiographic imaging of cervical spine, lumbar spine, and bilateral shoulders. The appeal requested authorization for an MRI of the lumbar spine and an MRI of the left shoulder. The Utilization Review dated 8-31-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .05 MG #30 (Approved 7/21/15 to 9/21/15 - No further review needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. MTUS does not support routine use of Xanax. The patient has been on this medication since July and long term efficacy is unproven. The request exceeds MTUS guidelines and is not medically necessary.

Celexa 20 MG #30 (Approved 7/21/15 to 9/21/15 - No further review needed): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS, page 13, Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Celexa (citalopram) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS supports anti-depressants for the management of chronic pain. The patient has chronic pain, and Celexa is an appropriate first line treatment. The request is medically necessary.

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM, page 303: If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The patient has back pain that is most likely neural in origin. Medical treatments have not been effective in managing his pain. ACOEM supports MRI as the next step in evaluation of his back pain. The request is medically necessary.

MRI of the Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Special Studies.

Decision rationale: Per ACOEM, Shoulder: Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. ACOEM supports MRI for a definitive evaluation of shoulder pathology. The patient may be a candidate for reconstructive shoulder surgery. His symptoms have persisted for longer than one month. MRI is medically necessary.