

Case Number:	CM15-0192942		
Date Assigned:	10/07/2015	Date of Injury:	04/15/2005
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Illinois

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 65 year old male who sustained an industrial injury on 04-15-2005. According to a progress report dated 09-02-2015, the injured worker was 5 months status post L1-2 laminectomy fusion for cauda equina compression. He was attending physical therapy and making progress but still having the bilateral lower extremity weakness. He found it difficult to walk without a sitting type walker. The provider noted that physical therapy was still necessary in order to get his lower extremities stronger and decrease his spasms. The treatment plan included an updated MRI and CT scan of the lumbar spine to evaluate any residual neural compression. Xanax was given to take prior to the MRI and CT scan. On 09-16-2015, Utilization Review non-certified the request for Xanax for prior MRI and CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax for Prior to MRI and CT Scan: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Pain (Chronic)Alprazolam (Xanax®).

Decision rationale: The injured worker sustained a work related injury on 04-15-2005. The medical records provided indicate the diagnosis of status post L1-2 laminectomy fusion for cauda equina compression. Treatments have included physical therapy. The medical records provided for review do not indicate a medical necessity for Xanax for Prior to MRI and CT Scan. The Official Disability Guidelines states that Alprazolam (Xanax) is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The MTUS describes the benzodiazepines as sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxants. Although the medical records indicate the injured worker suffers from depression, there is no indication the injured worker suffers from anxiety related problems like claustrophobia that would make the use of this medication necessary at this time.