

<b>Case Number:</b>	CM15-0020980		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 66 year old male who sustained an industrial injury on 03/29/1096. Diagnoses include post-laminectomy syndrome, myofascial pain, low back pain, sciatica, major depression, lumbar degenerative disc disease, and chronic constipation. Treatment to date has included medications. A physician progress note dated 01/14/2014 documents the injured worker has chronic low back pain with shooting pain and numbness down both of his legs. Medications help with his pain, functioning is increased. He has an antalgic gait and walks with a cane. He has myofascial tenderness lumbosacral area. Treatment requested is for BUN and Creatinine, Magnetic Resonance Imaging of the lumbar spine and Valium 10mg, #1. On 01/21/2015 Utilization Review non-certified the request for BUN and Creatinine, and California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines do not address the request for BUN and Creatinine prior to Magnetic Resonance Imaging. Alternate Guidelines were used. On 01/21/2015 Utilization Review non-certified the request for Magnetic Resonance Imaging of the lumbar spine, and cited was California Medical Treatment Utilization Schedule (MTUS)- American College of Occupational and Environmental Medicine (ACOEM). The request for Valium 10mg, #1 was non-certified and cited was Official Disability Guidelines was used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of lumbar spine is not medically necessary.

**BUN/Creatinine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Remer EM, Papanicolaou N, Casalino DD, Bishoff JT, Blaurock MD, Coursey CA, Dighe M, Eberhardt SC, Goldfarb S, Harvin HJ, Heilbrun ME, Leyendecker JR, Nikolaidis P, Ota A, Preminger GM, Raman SS, Sheth S, Vikram R, Weinfeld RM, Expert Panel on Urologic Imaging. ACR Appropriateness Criteria renal failure. [online publication]. Reston (VA) American College of Radiology (AR); 2013. 12p.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79;287-315, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Uptodate, Renal dysfunction

**Decision rationale:** ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical documentation provided do not indicate that this patient has a history of decreased

kidney function, kidney disease, concern for reaction to contrast dye, or adverse effects from NSAIDS. Additionally, the MRI requested has been deemed not medically necessary. As such, the request for BUN/Creatinine is not medically necessary.

**Valium 10mg #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

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

**Decision rationale:** Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical documentation does not indicate clinical findings that would warrant the use of this medication. As such, the request for 1 prescription of Valium 10mg #1 is not medically necessary.