

Case Number:	CM13-0024488		
Date Assigned:	01/15/2014	Date of Injury:	07/25/2002
Decision Date:	08/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old male who reported an injury on 07/02/2002. The mechanism of injury was not provided for clinical review. The diagnoses included status post pelvic fracture, sexual dysfunction, bladder dysfunction, depression, status post removal of hardware in the pelvis, and abdominal hernia repair. Previous treatments and tests included surgery, CT, medication. The clinical note dated 01/014/2014 reported the injured worker complained of low back pain with radiating pain down his left leg. The injured worker described his pain as tingling and burning. He rated his pain 9/10 in severity. Upon the physical examination the provider noted tenderness in the lower lumbar spine and left buttock. The range of motion of the lumbar spine was flexion at 45 degrees and extension at 10 degrees. The provider requested for Valium and cognitive therapy. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VALIUM 5MG #180 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complained of lower back pain with radiating pain down his left leg. He described the pain as tingling and burning. He rated his pain 9/10 in severity. The MTUS Chronic Pain Guidelines do not recommend Valium for long term use because long term efficacy is unproven and there is risk of dependence. The MTUS Chronic Pain Guidelines require limited use of Valium to 4 weeks. The injured worker had been utilizing the medication for an extended period of time, since at least 09/2012, which exceeds the MTUS Guidelines' recommendation of short term use for 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.

COGNITIVE THERAPY EVERY 4-6 WEEKLY BASIS, 8 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker complained of lower back pain which radiated down his left leg. He rated his pain 9/10 in severity. The MTUS Chronic Pain Guidelines recommend a psychotherapy referral after 4 weeks if there is a lack of progress from physical medicine alone. An initial 3 to 4 psychotherapy visits over 2 weeks would be recommended and evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks would be recommended. The request for 8 visits exceeds the MTUS Chronic Pain Guidelines' recommendation of an initial trial of 3 to 4 visits. The requesting physician did not document an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish baseline by which to assess improvement during therapy. Therefore, the request is not medically necessary and appropriate.