

<b>Case Number:</b>	CM14-0020549		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Nevada. 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 records presented for review indicate that this 61-year-old male was reportedly injured on July 28, 2000. The mechanism of injury is noted as moving heavy steel plates. The most recent progress note, May 16, 2014 indicates that there are ongoing complaints of low back pain, cervical spine pain and right upper extremity pain with numbness and tingling. The physical examination demonstrated decreased cervical spine range of motion with diffuse spasms and guarding of the cervical spine musculature. Right shoulder range of motion was limited to 110 of abduction 50 of extension 45 of extra rotation and 30 of internal rotation. There was a normal upper extremity neurological examination. Examination of the lumbar spine also noted spasms and guarding of the paraspinal musculature. The treatment plan discussed discontinuing Valium and prescribing sustained-release morphine of 30 mg. A request was made for Valium and twelve sessions of cognitive behavioral therapy and was not certified in the pre-authorization process on February 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #90:** Upheld

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

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

**Decision rationale:** According to the most recent progress note dated May 16, 2014, the continued use of Valium is not supported by the prescriber and was recommended to be discontinued. Therefore this request for Valium is not medically necessary.

**12 sessions of cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**Decision rationale:** According to the most recent progress note dated May 16, 2014, there is no mention of the injured employee having any issues requiring the use of cognitive behavioral therapy or any mention of this type of treatment. It is additionally unclear why cognitive behavioral therapy would be needed for a nontraumatic injury sustained while moving steel plates, for these reasons this request is not medically necessary.