

<b>Case Number:</b>	CM14-0025856		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/05/2005
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 51-year-old female was reportedly injured on July 5, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of chronic low back pain with right lower extremity involvement. The physical examination demonstrated a normal gait and station, deep tendon reflexes to be 2+ intact throughout both lower extremities, normal lumbar lordosis and no tenderness to palpation. A slight decrease in lumbar spine range of motion was reported. Motor function was noted 5/5. Diagnostic imaging studies objectified postsurgical lumbar fusion changes. Previous treatment included conservative care, fusion surgery, and multiple medications. A request was made for outpatient psychotherapy and Temazepam and was not certified in the pre-authorization process on February 20, 2014. There was a psychiatric progress note, dated December 27, 2013, noting a follow-up evaluation completed on July 12, 2013. The injured employee is on retirement benefits and is seeking Social Security disability benefits. Follow-up visits were completed on September 13, 2013 and November 8, 2013. There are increasing complaints of pain. Also noted are issues relative to the cold weather.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PSYCHOTHERAPY 12 VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental illness & stress, updated June 12, 2014.

**Decision rationale:** It was noted, in late December 2013, the psychiatrist wrote four separate progress notes indicating quarterly followup. There was no indication of any psychiatric diagnosis or the need for any ongoing psychiatric intervention. This appears they simply needed medication management. As noted in the ODG (MTUS and ACOEM do not address), psychiatric intervention requires specific evaluation, specific diagnosis and treatment plans. Seeing none, there is no medical necessity established for outpatient psychotherapy 12 visits.

**TEMAZEPAM 15 MG #90 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines Page(s): 24 of 127.

**Decision rationale:** This medication is a benzodiazepine. As outlined in the MTUS, this is not recommended for long-term use, because the long-term effects are not proven. Furthermore, there is a risk of dependence. Lastly, the progress notes did not outline a narrative as to why this medication is clinically indicated. As such, this request for Temazepam 15 mg #90 with 1 refill is not medically necessary.