MAXIMUS Federal Services

Case Number:	CM14-0035199		
Date Assigned:	06/23/2014	Date of Injury:	11/05/2002
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation, and is licensed to practice in California. 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 female who reported injury on 11/05/2002. The mechanism of injury was a fall where she injured her low back. The diagnoses included depressive disorder, chronic pain disorder, carpal tunnel syndrome, obesity, lumbosacral spondylosis, lumbosacral disc degeneration, lumbar postlaminectomy syndrome, lumbosacral sprain, and lumbosacral radiculitis. The injured worker underwent a spinal cord stimulator implantation. The documentation of 03/11/2014 revealed the injured worker was turning, developing burns on her skin on her low back from turning her TENS unit up as high as it would go. The physical examination revealed the injured worker was utilizing a walker for ambulation. The injured worker had a slow vascular return to the hand following radial and ulnar occlusion test. The Allen's test was negative bilaterally. The Phalen's sign was positive and abnormal. Percussion over the volar wrist for median nerve distribution was positive on the right and abnormal. The treatment plan included medications, exercise, and a recommendation for immediate psychiatric followup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Congnitive Behavior Therapy X 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy, Cognitive Behavioral Therapy (CBT) Page(s): 23.

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

Decision rationale: The California MTUS Guidelines recommend separate psychotherapy cognitive behavioral therapy after 4 weeks if there is a lack of progress from physical medicine alone. The initial trial of 3 to 4 visits of psychotherapy over 2 weeks is appropriate. The clinical documentation submitted for review indicated the injured worker was in need of therapy. However, there was a lack of documentation indicating a necessity for 12 visits without re-evaluation. This request would be excessive without re-evaluation. Given the above, the request for cognitive behavioral therapy x12 visits is not medically necessary.

Valium 10mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The duration of use could not be established through the submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Valium 10 mg #60 is not medically necessary.