

Case Number:	CM14-0039892		
Date Assigned:	07/30/2014	Date of Injury:	07/21/2010
Decision Date:	10/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This 58 year-old patient sustained an injury on 7/21/10 while employed by [REDACTED]. Request(s) under consideration include Valium 10mg #15 and Cognitive Behavioral Therapy (CBT) (unspecified). Diagnoses include Cervical DDD/ radiculitis; Chronic Low back sprain/strain; and lumbar myofascial syndrome. Report of 3/6/14 from the pain management provider noted the patient with ongoing chronic neck pain with stiffness radiating to shoulders; low back and bilateral knee pain rated at 2/10 with and 7-8/10 without medications. The patient continues to work part-time at usual and customary work. Medications list Soma, Percocet, Naprosyn, and Valium. Exam showed cervical spine tightness to trapezius bilaterally; paraspinal tenderness and limited range of motion; negative cervical distraction; mild to moderate axial low back pain; DTRs 2/2 in bilateral upper extremities; 5/5 muscle strength in upper extremities with intact sensation; tenderness at thoracic inter-scapula to upper TL joint; limited lumbar range without significant tenderness; DTRs and motor strength intact in bilateral lower extremities. Treatment included continued meds, labs, UDS, and CBT. The request(s) for Valium 10mg #15 and Cognitive Behavioral Therapy (CBT) (unspecified) were denied on 3/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #15: 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): 23.

Decision rationale: Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-amino butyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. Valium 10mg #15 is not medically necessary.

Cognitive Behavioral Therapy (CBT) (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological Treatment Page(s): 23, 101-102.

Decision rationale: Submitted reports have not described what psychological complaints, clinical findings, or diagnoses to support for unspecified cognitive behavioral therapy for diagnoses involving cervical and lumbar disorders. There are no supporting documents noting what psychotherapy are needed or identified what specific goals are to be attained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the CBT treatment (unspecified). Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend unspecified sessions of CBT treatment. The Cognitive Behavioral Therapy (CBT) (unspecified) is not medically necessary.