

<b>Case Number:</b>	CM15-0101297		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 78 year old female, who sustained an industrial injury, November 8, 1988. The injured worker previously received the following treatments Naproxen, Advil, bilateral wrist/hand immobilizers, CERVICAL SPINE MRI October 5, 2011, right shoulder MRI September 12, 2011, Lyrica, Gabapentin, Tramadol, Nucynta, Theramine, Omeprazole, Hydrocodone, Cymbalta, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities, left knee, left shoulder and right shoulder x-rays. The injured worker was diagnosed with musculoligamentous sprain cervical spine with upper extremity radiculitis, disc bulges C4-C5, C5-C6 and C7-T1, overuse syndrome bilateral upper extremities, carpal tunnel syndrome, de Quervain's tendinitis bilateral wrists, medical epicondylitis bilateral elbows, possible ulnar neuritis of the left elbow, full thickness tear of the rotator cuff of the right shoulder, right shoulder tendinitis and mild osteoarthritis of the acromioclavicular joint. According to progress note of March 18, 2015, the injured workers chief complaint was neck pain. The injured worker was complaining of neck stiffness and pain. The pain was radiating to the top of the shoulders with radiation of pain to the top of the shoulders. The pain in the right shoulder limited range of motion of lifting it above the shoulder and pulling. The neck pain was off and on. The bilateral wrist pain was off and on. There was increased pain with use. The injured worker had a flare-up of right wrist pain the week prior to the visit. The physical exam noted a positive crank test to the right shoulder. The treatment plan included a prescription for Valium, cervical spine MRI and physical therapy services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

**Decision rationale:** Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric 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. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. As the MRI of the cervical spine is not indicated; thereby, the #2 Valium is not medically necessary. The Valium 10mg #2 is not medically necessary and appropriate.

**MRI Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Introductory Material, Special Studies and Diagnostic and Treatment Considerations, 171-171, 177-179.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study.

When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Cervical spine is not medically necessary and appropriate.

**Physical therapy x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy x 8 is not medically necessary and appropriate.