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| Case Number: | CM15-0185714 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 01/26/2012 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 71-year-old female, who sustained an industrial injury on 1-26-2012. The injured worker is being treated for cervical stenosis. Treatment to date has included surgical intervention, diagnostics, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker presented for follow-up and medication refills. She reported no significant change in her symptoms. She continues to have neck pain with radiation into the right shoulder, shoulder blade and proximal arm. She takes Valium occasionally at night and Advil occasionally. Objective findings included burning dysesthesias in a C5 distribution in the right upper extremity with a positive Spurling sign. She also has some pain and decreased range of motion in the right shoulder, there is no significant weakness. The notes from the doctor do not document efficacy of the prescribed medications. The plan of care included, and authorization was requested on 8-25-2015 for physical therapy, 12 visits (2x6). On 9-14-2015, Utilization Review modified the request for 12 sessions of physical therapy for the cervical spine and Valium 5mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy- cervical spine QTY 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: Most musculoskeletal disorders allow up to 8-10 visits. After surgery, more may be needed. In this case, the time of surgery and amount of physical therapy performed is unknown. The 12 sessions requested exceeds the amount of therapy recommended. There is no indication that additional therapy cannot be performed at home and the request above is not medically necessary.

Valium 5 mg QTY 360.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, and anticonvulsant and muscle relaxant. In this case, the length of prior use is unknown. The amount provided extended to 3 months, which is longer than recommended. The Valium as prescribed is not medically necessary.