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| <b>Case Number:</b>   | CM15-0039237 |                              |            |
| <b>Date Assigned:</b> | 03/10/2015   | <b>Date of Injury:</b>       | 03/13/2013 |
| <b>Decision Date:</b> | 05/08/2015   | <b>UR Denial Date:</b>       | 02/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2015 |

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 sustained an industrial injury on 1/05/15. Initial complaints and diagnoses are not available. Treatments to date are not available. Diagnostic studies include x-rays of the right shoulder. Current complaints include intermittent discomfort in the right arm. In a progress note dated 01/05/15, the treating provider reports the plan of care as an open MRI of the right shoulder. The requested treatments are valium and an open MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 tablets of Valium 5mg:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In this case, it was noted that the patient is claustrophobic and she needs a sedative in order to perform the MRI. Not only the requested imaging is an open MRI but the certification is not warranted. Therefore, the prescription of Valium 5mg 2 tablets is not medically necessary.

**Open MRI of the Right Shoulder without Contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209.

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of the right shoulder is not medically necessary.