

Case Number:	CM14-0092354		
Date Assigned:	09/10/2014	Date of Injury:	04/29/2010
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 33-year-old male with a date of injury of 04/29/2010. The listed diagnoses per [REDACTED] are: 1. Status post bilateral carpal tunnel release. 2. Lumbar sprain/strain. 3. Carpal tunnel sprain/strain. 4. Cervical brachial syndrome. 5. Status post fusion L3-L4. According to progress report 01/27/2014, the patient is complaining of constant neck pain with numbness down the arms and "cold, clammy" hands. Low back pain is described as sharp, but patient is feeling stronger. Examination revealed reduced strength in the bilateral C5-T1 nerve innervations. There is reduced neck and low back range of motion and spasm noted. There is numbness and tingling to the left hand. Treater states due to neck pain flareup, he is requesting additional 8 physical therapy sessions. There is also a request for Xanax 0.5 mg #100. Utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #100: 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(s): 24.

Decision rationale: This patient presents with increase in neck and low back pain. The request is for Xanax 0.5 mg #100. The medical file provided for review does not include the request for Xanax or rationale for the request. MTUS Guidelines page 24 state, "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." The medical file provided for review which includes progress reports from 01/27/2014 through 03/10/2014 do not discussion Xanax. It appears to be an initial request. In this case, the treater is prescribing this medication for long term use and MTUS recommends maximum of 4 weeks due to "unproven efficacy and risk dependence." Therefore, this request is not medically necessary.

Physical Therapy for the Cervical Spine (2 x 4)Quantity: 8 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT WORKERS' COMPENSATION, UPPER BACK & NECK PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with complaints of increased pain in the neck and low back. The treater is requesting physical therapy 2 times a week for 4 weeks to address the cervical spine. For physical medicine, MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions of over 8 weeks. Utilization review denied the request stating the patient has completed 6 recent visits of physical therapy. Review of these physical therapy progress notes indicates treatment was provided for the low back only. It does not appear the patient has had physical therapy addressing his cervical spine issues. Given such, the requested 8 physical therapy visits for the cervical spine is within guidelines. Therefore, this request is medically necessary.