Case Number:	CM15-0127254		
Date Assigned:	07/13/2015	**Date of Injury:**	02/23/2015
Decision Date:	08/07/2015	**UR Denial Date:**	06/25/2015
Priority:	Standard	**Application Received:**	07/01/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old female who sustained an industrial injury on February 23, 2015. She has reported pain in the posterior neck and upper back on the left side with pain radiating to the left upper extremity and has been diagnosed with cephalgia posttraumatic, chronic sprain/strain cervical spine with musculoligamentous stretch injury, and chronic sprain/strain thoracic spine with musculoligamentous injury. Treatment has included physical therapy, chiropractic care, medications, and modified work duty. There was tenderness and spasm at the paracervical muscles and left sternocleidomastoid, trapezius, and levator scapulae muscles. Range of motion reveals flexion of 40 degrees, extension 40 degrees, lateral rotation of 70 degrees, and lateral bending of 40 degrees with pain. There was tenderness to palpation at the left supraspinatus and periscapular region. Range of motion was good. The treatment request included lorazepam, physical therapy, and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: As shared previously, this claimant was injured this past February with pain in the posterior neck and upper back on the left side with pain radiating to the left upper extremity. Diagnoses were posttraumatic cephalgia, chronic sprain/strain of the cervical spine with musculoligamentous stretch injury, and chronic sprain/strain of the thoracic spine with musculoligamentous injury. Treatment has included physical therapy, chiropractic care, medications, and modified work. There was tenderness and spasm at the paracervical muscles and left sternocleidomastoid, trapezius, and levator scapulae muscles. The treatment request included lorazepam, physical therapy, and an interferential unit. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. Therefore is not medically necessary.

Physical Therapy QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: As shared, this claimant was injured this past February with pain in the posterior neck and upper back on the left side with pain radiating to the left upper extremity. Diagnoses were posttraumatic cephalgia, chronic sprain/strain of the cervical spine with musculoligamentous stretch injury, and chronic sprain/strain of the thoracic spine with musculoligamentous injury. Treatment has included physical therapy, chiropractic care, medications, and modified work. There was tenderness and spasm at the paracervical muscles and left sternocleidomastoid, trapezius, and levator scapulae muscles. The treatment request included lorazepam, physical therapy, and an interferential unit. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point.

Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified. Therefore is not medically necessary.

Interferential (IF4) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 116 of 127. Decision based on Non-MTUS Citation ODG Low Back, under Interferential Stimulators.

Decision rationale: This claimant was injured this past February with pain in the posterior neck and upper back on the left side with pain radiating to the left upper extremity. Diagnoses were posttraumatic cephalgia, chronic sprain/strain of the cervical spine with musculoligamentous stretch injury, and chronic sprain/strain of the thoracic spine with musculoligamentous injury. Treatment has included physical therapy, chiropractic care, medications, and modified work. There was tenderness and spasm at the paracervical muscles and left sternocleidomastoid, trapezius, and levator scapulae muscles. The treatment request included lorazepam, physical therapy, and an interferential unit. The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately non-certified. Therefore is not medically necessary.