

Case Number:	CM15-0066792		
Date Assigned:	04/14/2015	Date of Injury:	10/13/2006
Decision Date:	05/13/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained an industrial injury neck and shoulder on 10/13/06. Previous treatment included magnetic resonance imaging, electromyography, cervical fusion, left triceps tendon repair, physical therapy, massage, splinting and medications. In a PR-2 dated 3/4/15, the injured worker complained of pain 7/10 on the visual analog scale without medications and 3/10 with medications. The injured worker reported significant benefit from three recent sessions of physical therapy and from the use of Valium as needed for anxiety and muscle spasms. The injured worker had paid for the recent physical therapy out of pocket but could no longer afford to do so. The injured worker had undergone 24 sessions of physical therapy two to three years ago. The injured worker was scheduled for left cubital tunnel release on 3/12/15. Current diagnoses included shoulder joint pain, cervical spine sprain/strain, cervical spine degenerative disc disease, cervicgia and cervical spine radiculitis. The treatment plan included continuing medications (Norco, Valium and Lunesta) and eight sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The claimant sustained a work injury in October 2006 and continues to be treated for chronic pain. A left cubital tunnel release was pending. Medications include Valium. He had recently started physical therapy and had completed three treatment sessions with benefit. Being requested is an additional eight sessions. The claimant is noted to have previously had physical therapy. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the continued prescribing of Valium was not medically necessary.

Physical therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2006 and continues to be treated for chronic pain. A left cubital tunnel release was pending. Medications include Valium. He had recently started physical therapy and had completed three treatment sessions with benefit. Being requested is an additional eight sessions. The claimant is noted to have previously had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has not completed a six visit trial and the additional number of visits being requested is in excess of that recommended and therefore not medically necessary.