

<b>Case Number:</b>	CM13-0008793		
<b>Date Assigned:</b>	09/16/2013	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is an [REDACTED] employee who has filed a claim for chronic neck pain, myalgias, myositis, reflex sympathetic dystrophy, anxiety, depression, neck pain, headaches, and elbow pain associated with an industrial injury that took place on November 27, 2001. Thus far, the applicant has been treated with analgesic medications, cervical epidural steroid injections, transfer of care to and from various providers in various specialties, and unspecified amounts of physical therapy and psychological counseling over the life of the claim

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six sessions of physical therapy:** 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 Page(s): 98-99.

**Decision rationale:** Neither the applicant's attorney nor the attending provider have clearly stated how much cumulative therapy the applicant has had over the life of the claim. While the Chronic Pain Medical Treatment Guidelines support up to 24 sessions of physical therapy for the diagnosis of chronic regional pain syndrome, there must be demonstration of functional

improvement and the passing of various milestones in the functional restoration program in order to justify continued therapy. In this case, there is no clear-cut evidence of functional improvement. The applicant does not appear to have returned to work. She is highly reliant on various analgesic medications and other forms of medical treatment, including psychotropic medications (Xanax and Prozac), sleep aids (Lunesta), and opioids (Dilaudid). All of the above result in the request being non-certified.