

Case Number:	CM14-0031911		
Date Assigned:	06/20/2014	Date of Injury:	03/05/2007
Decision Date:	09/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for autonomic nervous dysfunction, anxiety disorder, and complex regional pain syndrome reportedly associated with an industrial injury of March 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; implantation of an intrathecal pain pump; unspecified amounts of psychotherapy; unspecified amounts of physical therapy; and a spinal cord stimulator implantation. In a Utilization Review Report dated March 12, 2014, the claims administrator partially certified the request for 20 sessions of outpatient intense physical therapy to six sessions of outpatient intense physical therapy. The applicant's attorney subsequently appealed. In an April 7, 2014 progress note, the applicant reported persistent complaints of pain affecting all four limbs. The applicant was on Levorphanol, Methadone, Neurontin, EMLA cream, Celebrex, Remeron, Cymbalta, Actiq, and Lipitor, it was acknowledged. The applicant's intrathecal pain pump was refilled and reprogrammed. Multiple medications were renewed. The applicant's work status was not provided, although it did not appear that she was working. On May 20, 2014, the applicant again received an intrathecal pain pump refill and reprogram. The applicant was again using Lipitor, Actiq, Cymbalta, Remeron, Celebrex, EMLA, Neurontin, Methadone, and Levorphanol, it was noted. On January 29, 2014, the applicant was described as having chronic, severe, debilitating pain. Intrathecal pain pump reprogramming was endorsed. Both physical and psychological rehabilitation were also suggested. The applicant was described as using a cane on this occasion. On February 20, 2014, the applicant again received refills of Levorphanol, Methadone, Neurontin, EMLA cream, Celebrex, Remeron, Cymbalta, Actiq, and Lipitor. The applicant stated that she was having difficulty performing even basic activities of daily living such as meal preparation, braiding her daughter's hair, sitting, running errands, etc. The applicant's intrathecal

pain pump was also refilled. It appeared that a functional restoration program and/or physical/psychological rehabilitation were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Intense Physical Therapy, 20 sessions (body part not submitted): Upheld

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

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 24 sessions of treatment for reflex sympathetic dystrophy/chronic regional pain syndrome, the diagnosis reportedly presented here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including intrathecal opioids, oral opioids such as Methadone, Levorphanol, Actiq, psychotropic medications such as Cymbalta, a cane, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f and despite earlier physical therapy in unspecified amounts. Therefore, the request is not medically necessary.