

<b>Case Number:</b>	CM14-0201714		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 33 year old male who was injured at work on 04/04/2003. He is reported to be complaining of sharp, shooting, stabbing, left thumb pain that through the wrist to the elbow. The pain is worse in the cold; it is associated with color changes, hair loss in his arm, and excessive sweat in the arm. The pain had worsened after treatment with interferential stimulator, but subsided with sympathetic block. He has been on multiple drugs but none seems to be working. The physical examination revealed scarring of left upper limb from elbow to fingers, multiple hairless areas of left hand, allodynia, exquisitely painful to palpation. The worker has been diagnosed of reflex sympathetic dystrophy, left upper extremity complex regional pain syndrome. . Treatments have included OxyContin 20mg, Norco, Interferential stimulator; several sympathetic blocks, multiple surgeries, physical therapy, psychological counselling, and psychiatric consultations. At dispute are the requests for Psychology counseling; 12 sessions, and Functional restoration program evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology counseling; 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The injured worker sustained a work related injury on 04/04/2003. The medical records provided indicate the diagnosis reflex sympathetic dystrophy, left upper extremity complex regional pain syndrome. The medical records provided for review does not indicate a medical necessity for Psychology counseling; 12 sessions. The MTUS recommends an Initial trial of 3-4 psychotherapy visits over 2 weeks, to end it for a total of if total of up to 6-10 visits over 5-6 weeks if there is evidence of objective functional improvement. Therefore, the requested treatment is not medically necessary and appropriate.

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The injured worker sustained a work related injury on 04/04/2003. The medical records provided indicate the diagnosis reflex sympathetic dystrophy, left upper extremity complex regional pain syndrome. The medical records provided for review do not indicate a medical necessity for Functional restoration program evaluation. The MTUS recommends against the use of Functional restoration program except when all other pain treatment modalities have been exhausted, the patient is motivated and surgery is not an option. The records indicate the injured worker has not had physical therapy for more than two years, he refused to take Neurontin, he declined surgery. Therefore, the requested treatment is not medically necessary and appropriate.