

<b>Case Number:</b>	CM15-0222749		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/21/1994
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 is a 51 year old male who sustained a work-related injury on 4-2-94. Medical record documentation on 9-1-15 and 10-8-15 revealed the injured worker was being treated for complex regional pain syndrome of the right lower limb. He reported continued right leg pain which he rated a 6 on a 10-point scale (4 on 9-1-15). He was status post spinal cord stimulator replacement on 7-8-15 and reported that the stimulator was working well. He was doing reasonably well. He had conservative treatment of physical therapy in the past. His treatment included Ambien, Naproxen, Norco, TENS unit, and Xanax. Objective findings of his neuromuscular status were defined as "no interval changes" on 10-8-15 and 9-1-15. A request for physical therapy for the right lower extremity three times per week for six weeks and psychological consult was received on 10-13-15. On 10-20-15, the Utilization Review physician determined physical therapy for the right lower extremity three times per week for six weeks and psychological consult was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right lower extremity 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Medical record documentation on 9-1-15 and 10-8-15 revealed the injured worker was being treated for complex regional pain syndrome of the right lower limb. He reported continued right leg pain which he rated a 6 on a 10-point scale (4 on 9-1-15). He was status post spinal cord stimulator replacement on 7-8-15 and reported that the stimulator was working well. He was doing reasonably well. He had conservative treatment of physical therapy in the past. His treatment included Ambien, Naproxen, Norco, TENS unit, and Xanax. Objective findings of his neuromuscular status were defined as "no interval changes" on 10-8-15 and 9-1-15. The medical records report pain in the leg but does not document specific functional goals for physical therapy visits. MTUS supports PT for identified goals up to 8 visits for leg sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for PT. The request is not medically necessary.

**Psychological consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, psychology.

**Decision rationale:** The medical records provided for review support chronic pain condition which supports ongoing psychological therapy under ODG guidelines. Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The request is medically necessary.