

<b>Case Number:</b>	CM14-0119848		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Indiana. 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:

This employee is a 52 year old male with date of injury of 12/8/2010. A review of the medical records indicate that the patient is undergoing treatment for post-traumatic headache; lumbar strain with radiculopathy; bilateral sacroilitis. Subjective complaints include 6/10 low back pain radiating to the right hip and gluteal region. Objective findings include spasms in the lumbar spine with reduced range of motion; strength is 5/15 for lower extremity; hip X-ray showing bilateral osteoarthritis; MRI of the lumbar spine showing disc bulge at L3-L4. Treatment has included Norco, Topiramate, and Trazadone. The utilization review dated 7/10/2014 partially-certified 12 sessions of psychotherapy and an MRI of the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Sessions of Psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines:Mental Illness and Stress regarding Cognitive therapy for depression

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs, Psychologic Evaluation

**Decision rationale:** MTUS does not directly address referral for a psychiatric evaluation but discusses a multi-disciplinary approach to pain. MTUS states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning psychological evaluation "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 comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The treating physician has not provided detailed documentation of chronic pain treatment trials and failures, specific goals of those treatments, and the goal of the psychiatric evaluation. As such, the request for 12 sessions of psychotherapy is not medically necessary.

**MRI right hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis Chapter, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), MRI (magnetic resonance imaging) Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Hip and Groin Disorders, Diagnostic Testing, MRI

**Decision rationale:** MTUS silent regarding MRI of hips. ODG states "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis." And further outlines the following indications for MRI "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors". ACOEM version 3 has three recommendations for MRI of hip: 1) MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. 2) MRI is recommended for diagnosing osteonecrosis. 3) MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Medical documents do not indicate concerns for avascular necrosis, osteonecrosis, stress fracture, or soft-tissue abnormalities of the left hips. The treating physician does not document any conditions or concerns that meet ODG or ACOEM guidelines. As such, the request for MRI left hip is not medically necessary.

