

Case Number:	CM15-0135486		
Date Assigned:	07/23/2015	Date of Injury:	07/18/2014
Decision Date:	09/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49-year-old who has filed a claim for chronic low back and hip pain with derivative complaints of psychological stress reportedly associated with an industrial injury of July 18, 2014. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for MRI imaging of the hip, partially approved a request for electrodiagnostic testing of the bilateral lower extremities as EMG testing of the bilateral lower extremities alone, failed to approve a request for four sessions of psychotherapy, and partially approved a request for 12 sessions of physical therapy as six sessions of physical therapy alone. The claims administrator referenced a May 14, 2015 progress note in its determination. The claims administrator did not state whether the applicant had or had not had prior psychotherapy but seemingly suggested that the applicant undergo a psychological evaluation prior to pursuit of the same. The claims administrator did apparently approve a psychological evaluation via the same UR report. The applicant's attorney subsequently appealed. On an RFA form dated May 29, 2015, a left hip MRI, electrodiagnostic testing of the bilateral lower extremities, four sessions of psychotherapy, a psychological evaluation, and 12 sessions of physical therapy were endorsed. In a work status report of the same date, May 14, 2015, the applicant was given a rather proscriptive 20-pound lifting limitation, it was not explicitly stated whether the applicant was or was not working with the said limitation in place. In an associated progress note of May 14, 2015, it was acknowledged that the applicant had received over a month's worth of physical therapy but had only derived temporary improvement from the same. The applicant was working regular duty; it was stated in other sections of the

note. Multifocal complaints of neck, low back, and right hip pain were reported. The applicant reported complaints of low back pain radiating to the bilateral thighs. Complaints of right hip pain were also evident, the treating provider reported. Lifting was problematic. The applicant stood 5 feet 6 inches tall and weighed 130 pounds, it was reported. Well-preserved, 5/5 bilateral lower extremity motor function was noted with hyposensorium appreciated about the left L5 distribution. The applicant exhibited tenderness over the greater trochanter of the left hip, it was reported. The attending provider noted that the applicant had lumbar MRI imaging demonstrating a 4-mm disk herniation at the L4-L5 level with associated foraminal stenosis at the same. A 4- to 5-mm disk herniation at L5-S1 was also reported. The applicant was given diagnoses of hip tendinitis and lumbar spine radiculopathy. The attending provider contended that the applicant's lumbar MRI did demonstrate significant pathology at the L4-L5 and L5-S1 levels. 12 sessions of physical therapy were proposed. The applicant apparently wished to avoid epidural steroid injection therapy. A lumbar support was endorsed. Four sessions of psychotherapy and MRI imaging of the left hip were sought. The attending provider stated that MRI imaging of the left hip was being sought to rule out any intra-articular hip pathology. The attending provider acknowledged that bulk of the applicant's radicular complaints was on the left side. The applicant's past medical history was noncontributory, it was reported. The applicant denied any issues with hepatitis or diabetes, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left 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 (ODG), Hip & Pelvis (Acute & Chronic): MRI (magnetic resonance imaging). (2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, page 43.

Decision rationale: No, the request for MRI imaging of the hip was not medically necessary, medically appropriate, or indicated here. Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology. MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence-Not Recommended, Insufficient Evidence (I). The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Chapter notes that MRI imaging is not recommended in the routine evaluation of applicants with chronic hip pain/ chronic hip joint pathology, as was seemingly present here. The attending provider reported on May 14, 2015 that MRI imaging of the hip was being ordered for the purposes of ruling out any intraarticular pathology. The attending provider, thus, did not suspect any bona fide hip pathology, noting that he believed the bulk of the applicant's symptoms in fact emanated from the lumbar spine. It did appear, thus, that the hip MRI in question was ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

1 neurodiagnostic studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 309; 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page 848.

Decision rationale: Similarly, the request for neurodiagnostic testing (AKA electrodiagnostic testing) of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy. Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is of either uncertain cause or a necessity to document extent. Indications: Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence: Recommended, Insufficient Evidence (I) As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the attending provider did state on May 14, 2015 that he believed earlier lumbar MRI imaging had demonstrated significant pathology at the L4-L5 and L5-S1 levels. The attending provider expressed the opinion that the lumbar MRI findings did account for the applicant's ongoing lower extremity radicular pain complaints. The prior positive lumbar MRI results, thus, effectively obviate the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) are deemed "not recommended" in absence of some compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant having issues with a suspected tarsal tunnel syndrome, focal entrapment neuropathy, etc. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there was no clear or compelling evidence of the applicant's suffering from peripheral neuropathy. The applicant did not seemingly carry a superimposed diagnosis or disease process such as diabetes, hypothyroidism, alcoholism, hepatitis, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.

4 psychotherapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back-Lumbar & Thoracic (Acute & Chronic): behavioral treatment . (2015).

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

Decision rationale: Conversely, the request for four sessions of psychotherapy was medically necessary, medically appropriate, and indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, behavioral interventions such as psychotherapy/cognitive behavioral therapy are recommended in the chronic pain context to identify and reinforce the importance of coping skills. Page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest an initial trial of three to four sessions of psychotherapy. The four-session, first-time course of psychotherapy at issue was, thus, in-line with the MTUS parameters. Therefore, the request was medically necessary.

12 Physio-therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Finally, the request for 12 sessions of physiotherapy (AKA physical therapy) was not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant was described as having already successfully transitioned to regular-duty work on May 14, 2015, the date of the request, after having received earlier unspecified amounts of physical therapy over the course of the claim. The applicant did not appear to have marked residual impairment present on that date. The applicant was ambulatory, it was reported and exhibited well-preserved lower extremity motor function. It appeared, thus, that the applicant was capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue. Therefore, the request was not medically necessary.