MAXIMUS Federal Services

Case Number:	CM15-0203335		
Date Assigned:	10/20/2015	Date of Injury:	07/06/2010
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 7-6-2010. The medical records indicate that the injured worker is undergoing treatment for hip pain; status post hip surgery. According to the progress report dated 9-18-2015, the injured worker presented with complaints of right hip pain. On a subjective pain scale, she rates her pain 6 out of 10 with medications and 8 out of 10 without. The physical examination of the right hip reveals tenderness to palpation over the trochanter and iliotibial band. There is pain with passive internal rotation. The current medications are Norco. Previous diagnostic studies include MRI of the right hip. Treatments to date include medication management, 6-12 post-operative physical therapy sessions (no significant pain relief), failed steroid injections, and surgical intervention. Work status is described as modified duty. The original utilization review (10-8-2015) had non-certified a request for 6 physical therapy sessions, bursa injection of the right hip, and pain management evaluation for cognitive behavioral therapy and pain coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for evaluation for cognitive behavioral therapy and pain coping skills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The patient presents with right hip pain. The request is for REFERRAL TO PAIN MANAGEMENT FOR EVALUATION FOR COGNITIVE BEHAVIORAL THERAPY AND PAIN COPING SKILLS. The request for authorization is dated 10/02/15. The patient is status post right hip surgery, 08/15/14. Patient's diagnosis includes pain in right hip. Physical examination of the right hip reveals tenderness to palpation over the iliotibial band on the right. There is also tenderness to palpation over the trochanter. There is pain with passive internal rotation. She had around 6 to 12 postoperative physical therapy visits. Patient's medication includes Norco. Per progress report dated 10/16/15, the patient is on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 10/16/15, treater's reason for the request is "[ ], pain management psychologist, for evaluation for cognitive-behavioral therapy and pain-coping skills training." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Referral to Pain Management for Evaluation for CBT and Pain Coping Skills. ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. Given the patient's chronic hip pain and ongoing increased headaches due to the stress of the injury, a Referral to Pain Management for Evaluation for CBT and Pain Coping Skills may contribute to improved management of symptoms. Therefore, the request IS medically necessary.

6 sessions physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

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

Decision rationale: The patient presents with right hip pain. The request is for 6 SESSIONS PHYSICAL THERAPY. The request for authorization is dated 10/02/15. The patient is status post right hip surgery, 08/15/14. Patient's diagnosis includes pain in right hip. Physical examination of the right hip reveals tenderness to palpation over the iliotibial band on the right. There is also tenderness to palpation over the trochanter. There is pain with passive internal rotation. She had around 6 to 12 postoperative physical therapy visits. Patient's medication includes Norco. Per progress report dated 10/16/15, the patient is on modified duty. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. A short course of physical therapy would be indicated by guidelines given patient's symptoms. In this case, the patient continues with hip pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per progress report dated 10/16/15, treater notes, "Conservative treatments were

initiated, including a course of physical therapy, which provided her with no significant pain relief d/t pain flare." Treater does not discuss or explain why on-going therapy that was ineffective is needed, or reason the patient is unable to transition into a home exercise program. Therefore, the request IS NOT medically necessary.

Bursa injection 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 and Pelvis Chapter Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter under Trochanteric bursitis injections.

Decision rationale: The patient presents with RIGHT hip pain. The request is for BURSA INJECTION RIGHT HIP. The request for authorization is dated 10/02/15. The patient is status post RIGHT hip surgery, 08/15/14. Patient's diagnosis includes pain in RIGHT hip. Physical examination of the RIGHT hip reveals tenderness to palpation over the iliotibial band on the RIGHT. There is also tenderness to palpation over the trochanter. There is pain with passive internal rotation. She had around 6 to 12 postoperative physical therapy visits. Patient's medication includes Norco. Per progress report dated 10/16/15, the patient is on modified duty. ODG guidelines, Hip and Pelvis Chapter under Trochanteric bursitis injections Section states, Recommended. For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence, C). Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. (Stephens, 2008) (Ege Rasmussen, 1985) (Schapira, 1986) (Shbeeb, 1996) (Cohen, 2009) Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. Per progress report dated 08/21/15, treater's reason for the request is "Patient continues to have R trochanteric bursa tenderness. ODG supports the use injections for trochanteric pain." However, per progress report dated 09/18/15, treater notes, "She had failed injections in the hip." Treater does not discuss or explain the request for an injection that has failed previously. Additionally, per progress report dated 10/16/15, treater notes, "HOLD X-ray guided R trochanteric bursa injection -- patient defers injection." It appears the patient is no longer interested in the injection. Therefore, the request IS NOT medically necessary.