

Case Number:	CM15-0114651		
Date Assigned:	06/25/2015	Date of Injury:	07/03/2012
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/15/2015

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 46-year-old female who sustained an industrial injury on 07/03/2012. The injured worker was diagnosed with degenerative joint disease of the pelvis/hip, lumbar spine sprain/strain, right ankle sprain/strain and right tarsal tunnel syndrome. The injured worker underwent arthroscopy of the right hip for labral tear and arthroscopic tarsal tunnel release of the right ankle (no dates documented). Recent diagnostic testing included magnetic resonance arthrogram (MRA) of the right hip on June 1, 2015, magnetic resonance imaging (MRI) of the right ankle and right foot on January 7, 2015 and electrodiagnostic studies in September 2014. Treatment to date has included surgery, steroid injections, physical therapy and medications. According to the primary treating physician's progress report on June 3, 2015, the injured worker continues to experience severe right ankle and hip pain. The injured worker ambulates with an antalgic limp on the right. Examination of the lumbar spine was negative for tenderness and spasm of the paravertebral muscles and bilateral sacroiliac joint. Lumbar range of motion was documented at 60 degrees flexion, 10 degrees extension and 20 degrees bilateral lateral bending. Straight leg raise was 50 degrees bilaterally without pain in the lower back. Lumbar testing was negative bilaterally. The bilateral hip examination demonstrated limited range of motion due to pain with Trendelenburg and greater trochanteric testing negative bilaterally. Bilateral knee examination was negative. Ankle examination revealed decreased range of motion of the right ankle with positive Tinel's and tenderness at the anterolateral joint line. Motor testing, deep tendon reflexes and pulses were intact from the hip to the foot bilaterally. There was decreased sensation to light touch in the medial hind foot and medial leg to just below the knee. Current

medications are listed as OxyContin, Norco and Mobic. Treatment plan consists of right ankle steroid injections, orthopedic arthroscopic hip surgeon consultation, psychiatric consultation and the current request for acupuncture therapy for the lumbar spine and cognitive behavioral therapy (CBT) sessions times 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 for the lumbar spine (L/S): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for neither this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture x 12 for the lumbar spine (L/S) is not medically necessary and appropriate.

Cognitive behavioral therapy (CBT) x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what psychological complaints, clinical findings, or diagnoses to support for unspecified cognitive behavioral therapy for diagnoses involving degenerative joint disease of the pelvis/hip, lumbar spine sprain/strain, right ankle sprain/strain and right tarsal tunnel syndrome. There are no supporting documents noting what psychotherapy are needed or identified what specific goals are to be attained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the CBT treatment. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend 12 sessions of CBT treatment. The Cognitive behavioral therapy (CBT) x 12 is not medically necessary and appropriate.