

<b>Case Number:</b>	CM15-0078381		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 60 year old male with an industrial injury dated 04/11/2014. The mechanism of injury was documented as attempting to lift a compactor weighing approximately 300 pounds resulting in left hip and groin pain. His diagnoses included status post left arthroscopy 11/18/2014, left femoral cutaneous neuralgia, left greater trochanteric bursitis and left foot neuroma. Prior treatments included medications (Ibuprofen, Norco and Terocin lotion), physical therapy, and surgery. He presents on 03/13/2015 with pain in left hip with numbness along the anterior left thigh and pain in the left foot. He rates the pain as 6/10 on the pain scale. Physical exam noted the injured worker walked with a slow antalgic gait. He had full strength in both lower extremities. There was decreased sensation along the left anterior lateral thigh with tenderness over the left trochanteric bursa. There was decreased range of motion of the left hip with increase in pain with flexion and extension. MRI of lower extremity dated 04/28/2015 showed mild to moderate degenerative changes. Treatment plan included a request for pelvic MRI, cognitive behavioral therapy times 6 sessions and acupuncture sessions times 6. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy x 6 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 chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention page(s): 23-25. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** Based on the 03/13/15 progress report provided by treating physician, the patient presents with left hip and left foot pain with numbness along anterior thigh rated 6/10. The patient is status post left hip arthroscopy 11/18/14. The request is for cognitive behavioral therapy x6. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes hip pain, neuropathy/nerve entrapment, and foot pain. Treatment to date included imaging studies, surgery and medications. Patient's medications include Norco, Terocin lotion and Ibuprofen, per 05/06/15 report. The patient is unable to work, per 04/27/15 work status report. Treatment reports were provided from 09/09/14 - 05/15/15. MTUS Chronic Pain Medical Treatment Guidelines page 23-25 has the following under Behavioral Intervention: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." Per 04/16/15 report, treater has quoted ACOEM guidelines without providing medical rationale for the request. In this case, the patient presents with significant chronic pain unresolved by surgical intervention, conservative measures, and medications. MTUS guidelines recommend a trial of 3-4 visits over two weeks, with additional sessions contingent upon objective improvement. This patient may see benefits from such psychological therapies, and there is no evidence that this patient has undergone any psychotherapy to date. The request for 6 sessions of cognitive behavioral therapy appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Outpatient pelvic MRI including T1-weighted sequence of the pelvis x 1:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip & Pelvis (Acute & Chronic) Chapter, MRI (magnetic resonance imaging).

**Decision rationale:** Based on the 03/13/15 progress report provided by treating physician, the patient presents with left hip and left foot pain with numbness along anterior thigh rated 6/10. The patient is status post left hip arthroscopy 11/18/14. The request is for outpatient pelvic MRI. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes hip pain, neuropathy/nerve entrapment, and foot pain. Treatment to date included imaging studies, surgery and medications. Patient's medications include Norco, Terocin lotion and Ibuprofen, per 05/06/15 report. The patient is unable to work, per 04/27/15 work status report. Treatment reports were provided from 09/09/14 - 05/15/15. MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indications for imaging - Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; acute and chronic soft-tissue injuries; tumors. Exceptions for MRI: suspected osteoid osteoma (See CT); labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)." Per 04/16/15 report, treater states the patient "may require repeat left hip surgery and due to the fact that the patient had surgery and now has severe pain, please authorize the pelvic MRI." The patient had left hip MRI on 09/09/14 and 04/28/15. In this case, there are no discussions or mention of suspected osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would indicate MRI of the hip/pelvis according to ODG. Furthermore, there is no indication that surgery has been authorized. This request does not meet guideline indications. Therefore, the request is not medically necessary.

**Acupuncture x 6 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines page(s): 13.

**Decision rationale:** Based on the 03/13/15 progress report provided by treating physician, the patient presents with left hip and left foot pain with numbness along anterior thigh rated 6/10. The patient is status post left hip arthroscopy 11/18/14. The request is for acupuncture x6 sessions. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes hip pain, neuropathy/nerve entrapment, and foot pain. Treatment to date included imaging studies, surgery and medications. Patient's medications include Norco, Terocin lotion and Ibuprofen, per 05/06/15 report. The patient is unable to work, per 04/27/15 work status report. Treatment reports were provided from 09/09/14 - 05/15/15, 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided medical rationale for the request. When reading MTUS for acupuncture, prior response to therapy is not pre-requisite to a trial of acupuncture.

MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Review of medical records do not show that patient tried acupuncture in the past. Per post UR dated 05/06/15 progress report, the patient attended #2 of 4 acupuncture sessions. It appears the patient started acupuncture sessions prior to authorization. UR letter dated 03/26/15 authorized 4 of the requested 6 sessions. The request for 6 sessions appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.