

<b>Case Number:</b>	CM13-0038364		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 56-year-old with a date of injury of 02/28/10. The mechanism of injury is unspecified. She was diagnosed with an L4-5 disc herniation with radiculopathy. There are no recent progress notes. The only one included was with [REDACTED], dated 08/24/10. At that time, the claimant had subjective complaints of low back pain. There is no mention of the hip. Objective findings included tenderness and a positive straight leg raising. Diagnostic studies showed an L5 radiculopathy on a nerve conduction study. Plain films of the lumbar spine and left were done, but the results are not available. Diagnoses indicate that the patient had an L4-5 disc herniation. Treatment has been conservative and included oral medications. An MRI of the left hip is now requested. A Utilization Review determination was rendered on 10/08/13 recommending non-certification of an "MRI of the left hip".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI of the left hip without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, MRI.

**Decision rationale:** The Official Disability Guidelines indicate that an MRI is recommended with certain indications. These include: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. In this case, there is no indication in the record of any of the above abnormalities. The record lacks sufficient documentation related to the hip to determine the medical necessity of an MRI of the hip.