

Case Number:	CM13-0040824		
Date Assigned:	01/15/2014	Date of Injury:	12/19/2012
Decision Date:	03/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 reports a date of injury of 12/19/12. A utilization review determination dated 10/21/13 recommends non-certification of MRIs of the lumbar spine and left hip. In teleconference, the provider noted that no x-rays were taken. A progress report dated 10/7/13 identifies subjective complaints including pain in the left hip/thigh/groin and cervical spine. Objective examination findings identify antalgic gait on the left, tenderness over the left hip, pain in groin with IR and ER, SLR slightly positive on the left at 90 degrees in the sitting position causing left hip and lower back pain. Treatment plan recommends Prilosec, Motrin, and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for MRI of the lumbar spine, California MTUS notes that unequivocal objective findings that identify specific nerve compromise on the neurologic

examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Within the documentation available for review, there is no documentation of radicular symptoms/findings or another clear indication for which a lumbar spine MRI is supported. In light of the above issues, the currently requested MRI of the lumbar spine is not medically necessary.

MRI of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, MRI (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI of the left hip, California MTUS does not address the issue. ODG cites that 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. Within the documentation available for review, there is hip pain and tenderness with an antalgic gait, but there is no clear rationale for an MRI prior to initial evaluation with radiographs. In light of the above issues, the currently requested MRI of the left hip is not medically necessary.