

Case Number:	CM14-0101712		
Date Assigned:	07/30/2014	Date of Injury:	08/21/2008
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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:

The records presented for review indicate that this 61-year-old female was reportedly injured on August 21, 2008. The mechanism of injury is noted as twisting her right hip when stepping down from a vehicle. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of right hip pain. The physical examination demonstrated tenderness over the greater trochanteric of the right hip. There was a positive Faber's test and pain with range of motion. Examination the lumbar spine reveals tenderness along the paravertebral muscles, lumbosacral junction, right sciatic notch, and the bilateral sacroiliac joints. There was a positive right-sided straight leg raise test and decreased sensation in the right lower extremity at the L5 and S1 dermatomes. Diagnostic imaging studies of the lumbar spine revealed a grade 1 spondylolisthesis of L5 on S1 with degenerative disc disease and facet arthropathy. Previous treatment includes physical therapy, aquatic therapy, and oral medications. A request had been made for an MRI the right hip and Fexmid and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

magnetic resonance imaging of the 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: MRI Hip & Pelvis

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, MRI, Updated March 25, 2014.

Decision rationale: According to the Official Disability Guidelines an MRI the right hip is indicated when there is a suspect acute or chronic soft tissue injury. However, an exception is when looking for a labral tear, then MR arthrography should be used. The progress note dated July 1, 2014, indicates that a labral tear was suspected. As such, this request for an MRI the right hip is not medically necessary.

Flexmid 7.5mg, quantity #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Long-term use of muscle.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Fexmid is not medically necessary.