

Case Number:	CM14-0107973		
Date Assigned:	08/01/2014	Date of Injury:	09/15/2013
Decision Date:	10/08/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 33 year old female who was reportedly injured on 09/15/2013. The mechanism of injury is listed as a slip and fall and straining the left side of the arm, knee and back. Current medications are Doral, Naproxen, Pantoprazole, and Menthoderm gel. Progress report dated 06/10/2014, noted the injured worker complaining aching, dull and shooting pain of the lower back pain radiating to the left lower extremity, pelvic and tailbone pain. On exam, the injured worker had lumbar spine restricted extension that was limited to 20 degrees with pain. Left hip exam revealed normal motor test. Sensory exam revealed decreased sensation over the medial and lateral calf on the left side. Diagnoses include thoracic/lumbosacral neuritis or radiculitis, lumbago, lumbar/lumbosacral disc degeneration, lumbar disc displacement without myelopathy and encounter for therapeutic drug monitoring. A request was made for Magnetic Resonance Imaging without contrast right hip joints, Magnetic Resonance Imaging (MRI) without contrast left hip joints, and was not certified in the pre-authorization process on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) without contrast right hip joints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-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, Magnetic Resonance Imaging

Decision rationale: The documentation provided does not support the medical necessity of the MRI of the bilateral hips as requested. The office notes of 3/31, 4/14, 5/12 and 6/10/14 all note the same findings of ambulation with normal gait and low back pain. Only the 6/10 note has documented Left hip, "no tenderness noted on palpation. The acupuncture pain diagram of 4/17 reveals no pain noted about either hip. Given the lack of objective documentation of any hip ROM restriction or other orthopedic findings and the requested MRI of the right hip is not medically necessary.

Magnetic Resonance Imaging (MRI) without contrast left hip joints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-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, Magnetic Resonance Imaging

Decision rationale: The documentation provided does not support the medical necessity of the MRI of the bilateral hips as requested. The office notes of 3/31, 4/14, 5/12 and 6/10/14 all note the same findings of ambulation with normal gait and low back pain. Only the 6/10 note has documented Left hip, "no tenderness noted on palpation. The acupuncture pain diagram of 4/17/ reveals no pain noted about either hip. Given the lack of objective documentation of any hip ROM restriction or other orthopedic findings and the requested MRI of the left hips is not medically necessary.