

<b>Case Number:</b>	CM14-0015121		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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, has a subspecialty in Interventional Spine 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 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 patient is a 45 year-old male with a 12/3/2012 date of injury. On 1/29/14, the Claims Administrator recommended against a repeat MRI of the pelvis without contrast. The 1/11/14 and 1/27/14 medical reports were not provided for review. According to the 3/4/14 medical report form [REDACTED], the patient has been diagnosed with left hip/pelvic pain, unchanged. He presents with hip pain in the groin and posterior buttock. [REDACTED] states the patient has mechanical symptoms about the left hip suggestive of labral tear. He reviewed the prior MRI of the pelvis which was not focused on the left hip, which is now being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGE (MRI) OF THE PELVIS WITHOUT CONTRAST:**  
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)

**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 Chapter

**Decision rationale:** According to the Official Disability Guidelines (ODG), "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." The ODG also list the indications for imaging (MRI) as, Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, and tumors. Additionally the ODG state that the exceptions for MRI are suspected osteoid osteoma and labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). The available records show an MRI of the pelvis being performed on 12/12/13 which was read as unremarkable. There is a partial report available dated 12/11/13 that requests the MRI of the pelvis w/o contrast routinely request completion in 2-months. There is no physical examination provided with the report, and the only subjective complaint is pain radiating to the groin. Based on the lack of information provided and ODG guidelines the request would not be supported. Therefore, the request for MRI of the pelvis without contrast is not medically necessary and appropriate.