

<b>Case Number:</b>	CM14-0112171		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine 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 injured worker is a 68-year-old male with a reported date of injury on 04/29/2013. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include low back pain, cervical pain, and spondylosis. His previous treatments were noted to include physical therapy and medications. The progress note dated 06/10/2014 revealed the injured worker complained of pain to his neck and left shoulder that caused headaches. The physical examination revealed pain with internal rotation on the left and greater trochanter. The request for authorization form dated 06/11/2014 was for an MRI of the bilateral hips due to hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral hips:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): MRI, Chronic Pain Treatment Guidelines Acute/Subacute chronic hip pain.

**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.

**Decision rationale:** The request for an MRI of the bilateral hips is denied. The injured worker complained of pain with internal rotation on the left and greater trochanter. The Official Disability Guidelines recommend an MRI for osseous, articular, or soft tissue abnormalities, osteonecrosis, occult and acute stress fracture, acute and chronic soft tissue injuries, and tumors. An MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. An MRI is both highly sensitive and specific for the detection of any abnormalities involving the hip or surrounding soft tissues and should be in general the first imaging technique employed by following plain films. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture and plain radiographs are negative, and suspicion is high for occult fracture. There is a lack of documentation regarding previous complaints of pain to the left hip or plain radiographs being taken. Therefore, due to the lack of documentation regarding plain radiographs, conservative treatments and pain complaints, an MRI is not appropriate at this time. Therefore, the request is not medically necessary.