

<b>Case Number:</b>	CM14-0169098		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational 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:

There were 101 pages for review. The injured worker has low back, left hip and groin pain. The pain is aggravated with bending at the waist and the hip and twisting at the waist. The diagnoses were pelvic strain, proximal thigh strain, and SI strain. On the date of injury, 5-14-14, he was walking across the parking lot and a woman who was trying to exit the parking lot, looking for her ticket. She pressed the gas, and the car hit the wall in the garage. The open door hit the injured worker right in the left groin area, knocking him back to the ground. There has been no therapy. There were two MRIs of the lumbar spine and pelvis, both without contrast, have been improved but not completed. He takes ibuprofen, but does not give the amount. The injured worker does not wish to take medicines. There is a tingling sensation in the upper portion of the thigh and left groin. Massage does provide some relief. There are issues with anxiety which aggravates his sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the Left 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 (ODG): Web Edition, Hip - MRI (Magnetic Resonance Imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, MRI

**Decision rationale:** Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. It is not clear the claimant had these conditions; moreover, I would agree that the certified therapy should be completed before moving on to more diagnostics; the request MRI (Magnetic Resonance Imaging) of the Left Hip is not medically necessary.

**Omeprazole 20 mg QTY 30 NRF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Based on MTUS guideline reviewed, the request for Omeprazole 20 mg QTY 30 NRF is not medically necessary.