

<b>Case Number:</b>	CM14-0173867		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 44-year-old female with a 4/18/07 date of injury. At the time (10/13/14) of request for authorization for MRI left hip, there is documentation of subjective (constant thoracic spine pain, left hip pain, and low back pain) and objective (tenderness to palpitation over the lumbar paravertebral muscles, guarded and restricted range of motion of the lumbar spine, and normal circulation, sensation and strength) findings, current diagnoses (low back pain and lumbosacral neuritis/radiculitis), and treatment to date (medications). There is no documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for 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, Hip & Pelvis, 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 & Pelvis, MRI (magnetic resonance imaging)

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors as criteria necessary to support the medical necessity of MRI of the hip/pelvis. Within the medical information available for review, there is documentation of diagnoses of low back pain and lumbosacral neuritis/radiculitis. However, there is no documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left hip is not medically necessary.