

<b>Case Number:</b>	CM14-0033535		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Family 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:

This is a 48-year-old male who reported an industrial injury on 6/24/2010, over four (4) years ago, attributed to the performance of his customary job tasks reported as a uncontrolled descent in a crane bucket which caused the patient to strike the sides of the bucket. The patient was previously noted to have been assessed as permanent and stationary. The patient is not working. The patient complained of neck pain and stiffness; persistent pain and stiffness to the back radiating to the BLEs. The patient was noted to continue to use a wheelchair requiring assistance. The objective findings on examination included paraspinal tenderness with spasm; limited cervical motion; decreased grip strength; sensation was decreased and the bilateral C6 and C7 distributions; paraspinal tenderness to the lumbar spine with diminished range of motion; positive bilateral SLR; diminished quadriceps and hamstring strength; diminished sensation L5 and S1. The EMG/NCS dated 1/1/2012 demonstrated mild acute C7 and left L5 radiculopathy. The diagnoses included closed head trauma with post concussion; cervical sprain/strain; disk protrusion and C7 radiculopathy; bilateral shoulder sprain/strain with adhesive capsulitis; status post shoulder dislocation; healed fracture of the left clavicle and scapula; lumbar sprain/strain; multiple disc bulges and L5 radiculopathy; left ankle sprain/strain. The patient also complained of headaches and growing pain. The MRI of the lumbar spine dated 6/20/2011 demonstrated evidence of L3-L4 with disc protrusion with effacement of the thecal sac; L4-L5 with disc protrusion with the effacement of the thecal sac; spinal canal slightly compromise; moderate narrowing of left lateral recess with effacement of the left L5 transiting nerve root and bilateral neural foraminal stenosis that effaces the L4 exiting nerve roots; L5-S1 with disc protrusion with effacement of the thecal sac and bilateral neural foraminal stenosis that effaces the L5 exiting nerve roots. The MRI of the cervical spine dated 6/20/2011 demonstrated C4-C5 and C6-C7 with

this protrusion having annular tear with effacement of the thecal sac and neural foraminal stenosis. The treatment plan included repeated MRIs of the bilateral hips.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat MRI of both hips:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, Hip and 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 and Pelvis chapter---MRI.

**Decision rationale:** A number of screening tests and imaging studies were ordered by the requesting physician upon the initial evaluation of the patient. It was noted that the patient had been previously established as permanent and stationary. There were no documented interval changes in the objective findings on examination to the bilateral hips to support the medical necessity of repeated Electrodiagnostic studies. The requesting physician failed to document any interval changes in the clinical status of the patient to support the medical necessity of repeated MRIs of the hips. The patient is documented to have been assessed as permanent and stationary. There are no diagnoses documented by the requesting physician for the hips. There is documented change in the clinical status of the hips since the date the patient reached MMI. The request for a repeated MRI of the right/left hip is made on the initial consultation without any other provided conservative care. The repeated MRIs of the bilateral hips represent screening exams without a rationale or objective evidence to support medical necessity. The objective findings recommended by the ACOEM Guidelines 2nd edition and the Official Disability Guidelines for the authorization of an MRI of the Hip were not documented in the available clinical documentation.