

Case Number:	CM14-0034512		
Date Assigned:	06/20/2014	Date of Injury:	01/08/2010
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The injured worker is a 29-year-old female who sustained industrial injury on January 8, 2010. The injured worker is being treated for degenerative disc disease, acquired spondylolisthesis and chronic fatigue syndrome. On February 26, 2014, the injured worker reported to the treating pain management physician reported right hip pain in addition to her chronic low back pain and right lower extremity radiculopathy. The progress notes February 26, 2014, August 29, 2013, and request for authorization. The progress notes February 26, 2014 from the pain management physician were reviewed. The progress notes April 12, 2013 to January 23, 2014, including a permanent and stationary report from the treating orthopedic surgeon were also reviewed. The request is for an MRI (magnetic resonance imaging) of the right hip for new right hip pain and a lumbar spine brace.

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 RIGHT 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 and Pelvis Chapter, MRI (magnetic resonance imaging) section.

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, Procedure summary, Magnetic Resonance Imaging.

Decision rationale: From the progress note February 26, 2014 from the injured worker's treating physician, the physical examination describes right and left hip "tenderness of iliac crest and sciatic notch." Hip flexor strength was 2/5 bilaterally. Range of motion of the hip was not performed. These physical findings were compared to the same treating physician's progress note from August 29, 2013 and the physical exam of the bilateral hips was the same. The progress notes dated April 12, 2013 to January 24, 2014 from the patient's treating orthopedic surgeon describes hip flexion strength of 4/5 consistently. No detailed hip exam is performed. A utilization review report dated March 5, 2014 was also reviewed. It detailed the reviewer's conversation with a treating nurse practitioner that plain x-rays of the hip had not been performed. Based on Official Disability Guidelines (ODG), an MRI (magnetic resonance imaging) of the hip should be performed following plain films. As such, the request for right hip MRI is not medically indicated.

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods section. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The patient's industrial injury occurred in January 2010. The patient has been under the care of an orthopedic spine surgeon since March 2010. It has been four and a half years of chronic back pain. Based on MTUS/ ACOEM guidelines a lumbar support is not shown to be beneficial beyond the acute phase of symptom relief. The request for a lumbar brace is not medically indicated.