

Case Number:	CM14-0038938		
Date Assigned:	06/27/2014	Date of Injury:	04/05/2012
Decision Date:	08/18/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/02/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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:

mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 21, 2014, indicated that there were ongoing complaints of hip pain. The purpose of this office visit was to follow up with the magnetic resonance image of the hip. A second opinion relative to the hip had also been obtained. The physical examination demonstrated 5'8, 200-pound individual in no acute distress. There was tenderness to palpation of the anterior aspect of the hip. A full range of motion was noted. Positive straight leg rising was also reported, and the physical examination lower extremity was noted to be within normal limits. Diagnostic imaging studies objectified no specific pathology within the left hip. Previous treatment included arthroscopy, orthopedic consultations and a magnetic resonance image. A request had been made for an MRI and was not certified in the pre-authorization process on April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines , low back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, and that the exact mechanism of injury was not ascertained in the medical records reviewed and by the most recent physical examination of the lumbar spine, there was no clinical indication of a radiculopathy or nerve root compromise. Furthermore, plain films of the lumbar spine have not been obtained, and when combined with the minimal physical examination findings, there was insufficient clinical data presented to support the need for an magnetic resonance image of the lumbar spine. As outlined in the American College of Occupational and Environmental Medicine guidelines, magnetic resonance image is not recommended for acute radicular pain syndromes, and additional clinical information would be necessary. This request is not medically necessary.