

<b>Case Number:</b>	CM14-0043173		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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:

A 43 years old female claimant sustained a work injury on 4/30/13 involving the shoulders, neck, back and hips. She was diagnosed with cervicgia, left shoulder strain, iliolumbar strain and left arm strain. X-rays of the cervical spine showed loss of cervical lordosis. Prior x-rays of the lumbar region showed multilevel spondylosis. Prior hip x-rays showed subchondral sclerosis and degenerative changes. The claimant had use oral analgesics for pain management. A progress note on 2/24/14 indicated the claimant had continued neck and shoulder pain. She had an MRI of the shoulder one-month prior which showed mild tendinitis. Examination was notable for lower lumbar spine stiffness and reduced range of motion. The neck and shoulder exams are unremarkable. The neurologic exam in the cervical region as well as the upper/lower extremities was unremarkable. The hip exam was also unremarkable except for tenderness in the greater trochanter area. The treating physician requested an MRI of the cervical, lumbar and left hip.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 82-92.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case there were no acute findings of the lumbar spine. There were no red flag symptoms. The neurologic exam was normal. Therefore, the request for MRI of the lumbar spine it is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck complaints Page(s): 181.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is recommended for red flag symptoms such as trauma, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case there were no acute findings of the cervical spine. There were no red flag symptoms. The neurologic exam was normal. As such, MRI cervical spine is not medically necessary and appropriate.

**MRI left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Hip Pain Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The ACOEM and MTUS guidelines do not specify Hip MRI indications. According to the ODG guidelines, an MRI is indicated for osteonecrosis, tumors, acute and chronic soft tissue injuries, stress fractures and articular or soft tissue abnormalities. In this case the claimant only had tenderness in the trochanter area. The gait was normal. There were no deformities, masses or muscle atrophy in the hip region. There is no indication for a hip MRI and therefore, the request of MRI left hip is not medically necessary and appropriate.