

Case Number:	CM14-0054754		
Date Assigned:	07/16/2014	Date of Injury:	10/06/2011
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/23/2014

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, Pain Medicine and is licensed to practice in Texas. 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 43 year old female who sustained injuries to her bilateral hips on 10/06/11 after a fall. Electrodiagnostic studies dated 11/05/11 revealed evidence of a lumbar radiculopathy involving the left S1 nerve root. An agreed medical evaluation dated 12/04/13 reported that the treating physician believes that imaging studies are essential to help provide special education to the injured worker to assist her in separating elements of curative medical causation versus painful and non-curative medical issues. Following the injured worker's injury, she continued to work and presented to the clinic the next day. The injured worker complained of pain in the left inguinal area and part of her lateral left buttocks. Plain radiographs were obtained and the injured worker was diagnosed with left inguinal hip sprain/strain. The injured worker was placed on modified duty and treated with Tylenol/Codeine, Naproxen, and Flexeril. Other treatment to date has included Depomedrol injection, chiropractic manipulation treatment, and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral 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 (ODG), Treatment Index, 11th Edition - web, 2014, 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 (magnetic resonance imaging).

Decision rationale: The request for MRI of the bilateral hips is not medically necessary. The previous request was denied on the basis that the clinical information submitted for review failed to provide any evidence of physical examination findings indicating significant musculoskeletal or neurological dysfunction related to the hip or pelvis. Moreover, it was unclear as to whether the injured worker has failed an adequate course of conservative treatment, including physical therapy, home exercises, and medications. In the absence of further details regarding the injured worker's conservative treatment and objective findings consistent with neurological deficits or suggestive of specific disorders of the pelvis or hip, imaging studies are not supported. There was no mention that a surgical intervention is anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There were no additional significant 'red flags' identified. Given this, the request for MRI of the bilateral hips is not indicated as medically necessary.