

Case Number:	CM14-0060949		
Date Assigned:	07/09/2014	Date of Injury:	07/11/2008
Decision Date:	09/15/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 Illinois. 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 58-year-old male who reported an injury on 07/11/2008. The mechanism of injury was a fall. Diagnoses include myofasciitis/muscle spasm, anxiety, insomnia, gait abnormality, lumbar spine disc syndrome, lumbar spine radiculitis, pain in the lumbar spine, right hip pain increased due to overcompensation of the left hip, status post left hip surgery in 08/2011, and dry mouth decreased with dental treatment. Past treatments included medication, surgery, and conservative care to the lumbar spine, acupuncture, home exercise program, and diagnostic imaging. Diagnostic studies include MRI of the left hip on 04/15/2014 and MRI of the right hip. Surgical history included left hip surgery in 08/2011. On 02/05/2014 the injured worker complained of lumbar spine pain, myospasms, and numbness, with loss of range of motion. He also complained of left hip pain and spasm, with loss of range of motion. His pain scale was a 6/10. Findings revealed painful range of motion of the lumbar spine and hips. There was pain on palpation, torn muscle/spasms of the lumbar spine, as well as sensory loss in the lower extremities, specifically on his feet. There were trigger points in the lumbar spine. He had a positive MRI of the lumbar spine and left hip. Medications included Tramadol, Prilosec, Meprozine, transdermal compounding creams. The treatment plan is for treatments improve future care, QMA referral, follow-up with orthopedist with MRI of the left hip, orthopedic evaluation report was needed. The request is for retro MRI left hip without contrast. The rationale was not provided, and the Request for Authorization was dated 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI Left Hip Without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker has a history of left hip pain. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The guidelines state MRI has been taken on 02/15/2014. There has been lack of documentation for the necessity of an MRI. There is lack of objective findings upon physical exam of psychosocial evidence indicating specific nerve compromise to warrant imaging. Therefore, the request is not medically necessary.