

Case Number:	CM14-0062983		
Date Assigned:	07/11/2014	Date of Injury:	02/27/2009
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Internal Medicine and is licensed to practice in California and 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 patient is a 33 year old male who was injured on 02/27/2009 when he slipped at work into a 5 to 7 inch gap causing his entire left leg to go into the gap. He indicated this caused his back and left hip pain. Urine drug screen dated 01/17/2014 revealed negative results for amphetamines, barbiturates, and benzodiazepines. UDS dated 04/10/2014 revealed negative results for amphetamines, barbiturates, and benzodiazepines. The patient underwent revision decompression on 09/05/2013; and left L5-S1 HNP status post left L5-s1 decompression on 02/07/2013. Diagnostic studies reviewed include MRI of the left hip dated 06/02/2014 demonstrated minor degenerative changes of the left hip joint. Progress report dated 04/11/2014 states the patient complained of increased pain in the left trochanteric region. He had swelling in his low back but that resolved. He rated his pain as a 5/10. On exam, straight leg raise and bowstring are negative. Lumbar spine range of motion is decreased by 20%. The patient is diagnosed with degenerative disk disease of the lumbar strain, left L5/S1 recurrent HNP. Prior utilization review dated 04/23/2014 states the request for MRI of the left hip is denied as medical necessity has not been established; Retrospective urine drug screen DOS: 4/11/2014 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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 (ODG)- MRI.

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, MRI (magnetic resonance imaging).

Decision rationale: MTUS guidelines do not discuss the issue in dispute. The Official Disability Guidelines (ODG) generally recommend MRI of the hip to evaluate for avascular necrosis, osteonecrosis, occult fractures, or after other conservative therapies have failed. The clinical documents do not adequately discuss the indication for the MRI. It is not clear what conservative therapies have been tried thus far and the results of such treatment. The indication for the MRI was not clearly discussed in the clinical documents provided. Base on the guidelines and criteria as well as the clinical documentation stated above, the request for MRI of the left hip is not medically necessary and appropriate.

Retrospective urine drug screen DOS: 4/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The guidelines recommend urine drug screening to evaluate for illegal substance abuse or for compliance with opioid therapy. The documents do not provide an adequate discussion of the indication for the urine drug screen. It is not clear if the patient was on opioid therapy and at risk for substance abuse requiring periodic monitoring. It is not clear if the patient had a previous urine drug screen. Based on the guidelines and criteria as well as the clinical documentation stated above, the retrospective request for a urine drug screen; DOS: 4/11/2014 is not medically necessary and appropriate.