

Case Number:	CM14-0189709		
Date Assigned:	11/20/2014	Date of Injury:	06/11/2012
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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 Rehab, 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:

The injured worker was injured on 6/11/12. The patient complains of low back pain with radiation into the right lower extremity. Physical examination reveals lumbar paraspinal muscle spasms, impaired lumbar range of motion, reduced patellar reflex on the right and positive bilateral straight leg raise test. There is also evidence of reproducible pain symptoms with right hip internal/external rotation compared to the left. After receiving recommendations from orthopedic spine consultation, MRI of the right hip was subsequently requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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), Hip & Pelvis, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Hip and Pelvis, MRI.

Decision rationale: The injured worker is being treated for chronic low back pain thought to be secondary to degenerative disc disease presenting as right lumbar radiculopathy. There are

concomitant complaints of right groin pain. Following orthopedic consultation for low back pain, recommendation was against surgical intervention of the lumbar spine and for further evaluation of the right hip with a hip specialist and dedicated right hip MRI. Official disability guidelines list indications for magnetic resonance imaging of the hip and pelvis to include osseous abnormalities, osteonecrosis, stress fractures, tumors and soft tissue injuries. MRIs are usually followed by plain films. There is inadequate documentation supporting suspicion of the aforementioned diagnoses nor has there been documentation of hip x-rays to demonstrate osseous abnormalities. It is unclear that MRI of the right hip is the appropriate imaging for the injured worker based on available documentation. Request for MRI of the right hip is therefore not medically necessary.