

<b>Case Number:</b>	CM14-0196597		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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:

Patient is a 32 year-old female with date of injury 04/29/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/06/2014, lists subjective complaints as pain in the left hip and groin. Patient is status post removal of lumbar hardware on 12/12/2013, L5-S1 transforaminal lumbar interbody fusion with instrumentation and iliac crest bone graft, and L4-L5 and L5-S1 decompression on 02/23/2012. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with spasm. Gait was antalgic. Range of motion was restricted and caused painful symptoms. There was guarding with motion. Diagnosis: 1. Status post removal of lumbar hardware 2. Status post L4-5 and L5-S1 decompression 3. Status post transforaminal lumbar interbody fusion 4. Lumbar radiculopathy, left. The medical records supplied for review did not contain any documentation of previous MRIs for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (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 ODG Hip & Pelvis, MRI (magnetic resonance imaging), Indications for 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 & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and is recommended as the first imaging technique employed following plain films. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The ODG establish the following indications for MRI imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. The medical record fails to document any of the above criteria. Magnetic Resonance Imaging (MRI) of the Left Hip is not medically necessary.