

<b>Case Number:</b>	CM15-0106623		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male injured worker suffered an industrial injury on 02/19/2007. The diagnoses included cervical spine strain with radiculopathy, lumbar radiculopathy, and left sciatica. The diagnostics included cervical and lumbar magnetic resonance imaging, electromyographic studies. The injured worker had been treated with epidural steroid injections, trigger point injections and medications. On 4/17/2015 and 5/1/2015 the treating provider reported back pain and spasms radiated into the shoulder and the neck pain radiated to the hands. On exam the straight leg raise was positive with reduced range of motion. The treatment plan included (MRI) of the bilateral hips.

### 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 bilateral hips:** Overturned

**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, Hip & 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 Hip and Pelvis Chapter, MRI.

**Decision rationale:** Based on the 05/15/15 progress report provided by treating physician, the patient presents with flared up low back pain. The patient is status post hernia surgery 07/16/07 and lumbar surgery 04/23/07. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE BILATERAL HIPS. Patient's diagnosis per Request for Authorization form dated 05/16/15 includes sprain/sciatica. Treatment to date included imaging studies, epidural steroid injections, trigger point injections, home exercise program and medications. Patient's medications include Cialis, Gabapentin, Lexapro, Ibuprofen, Omeprazole, Diazepam, Cyclobenzaprine and Oxycodone, per 04/16/15 report. The patient is off-work, per 05/15/15 report. Treatment reports were provided from 08/23/14 - 05/15/15. ODG Guidelines, Hip and Pelvis Chapter, under MRI states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. UR letter dated 05/22/15 states "there are no red flags to warrant MRI at this time..." Progress reports pertaining to the request were handwritten and difficult to interpret. Patient's diagnosis on 05/15/15 included lumbar spine myofascial syndrome with left sciatica. Physical examination to the lumbar spine on 05/15/15 revealed tender L5-S1 paraspinal muscles and 50% decreased range of motion. Treater has not documented hip symptoms, nor physical examination findings pertaining to the hips. In this case, treater has documented failure of conservative treatments. Per 11/25/14 report, the patient had X-rays of the pelvis, left and right hips; results could not be deciphered. Treater requests MRI of the bilateral hips to rule out AVN, avascular necrosis. Review of medical records do not indicate the patient had prior bilateral MRI of the hips. This request appears to be in accordance with ODG guidelines. Therefore, the request IS medically necessary.