

Case Number:	CM15-0017506		
Date Assigned:	02/05/2015	Date of Injury:	04/15/2014
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 23-year-old male, who sustained an industrial injury on 4/15/2014. The diagnoses have included lumbago. Treatment to date has included medications, application of cold and heat, home exercises, chiropractic and work modification. Currently, the IW complains of low back pain and left hip pain. Objective findings included tenderness of the lumbosacral paraspinal musculature and bilateral hips. X-rays of the hip dated 12/23/2014 were normal. On 1/21/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the left hip on three Tesla magnet without contrast noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines were cited. On 1/29/2015, the injured worker submitted an application for IMR for review of MRI left hip.

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 on three tesla magnet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), MRI (magnetic resonance imaging) and Other Medical Treatment Guidelines ACOEM V.3, Hip and Groin Disorders, Diagnostic Testing, MRI.

Decision rationale: MTUS silent regarding MRI of hips. ODG states "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis." Further outlines the following indications for MRI "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors." ACOEM version 3 has three recommendations for MRI of hip: 1) MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. 2) MRI is recommended for diagnosing osteonecrosis. 3) MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Medical documents do not indicate concerns for avascular necrosis, osteonecrosis, stress fracture, or soft-tissue abnormalities of the left hips. An X-ray of the hip in 12/2014 was normal. The treating physician does not document any conditions or concerns that meet ODG or ACOEM guidelines at this time. As such, the request for MRI left hip on three-tesla magnet is not medically necessary.