

Case Number:	CM15-0130461		
Date Assigned:	07/16/2015	Date of Injury:	03/04/2014
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 31 year old female who sustained an industrial /work injury on 3/4/14. She reported an initial complaint of neck, right upper extremity, low back, and right lower extremity pain. The injured worker was diagnosed as having degenerative disc disease of the lumbar spine and sprain/strain of the cervical spine. Treatment to date includes medication and chiropractor. Currently, the injured worker complained of acute flare up of the right groin pain along with anxiety and depression. Per the primary physician's report (PR-2) on 5/13/15, exam revealed tenderness in the right side of the lower lumbar region, morbid obesity, antalgic gait, no atrophy of any of the extremities, some tenderness to hip range of motion. Current plan of care included epidural injection. The requested treatments include right hip MRI for symptoms related to the lumbar and cervical spine as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Hip MRI for Symptoms related to the Lumbar and Cervical Spine as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Hip and Groin Disorders; Clinical Measures, Diagnostic Investigation/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 imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore, criteria for hip has not been met per the ODG and the request is not medically necessary.