MAXIMUS Federal Services

Case Number:	CM15-0137417		
Date Assigned:	07/27/2015	Date of Injury:	02/15/2007
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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, Pain Management

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 71 year old male, who sustained an industrial injury on February 15, 2007. Treatment to date has included intraarticular hip injection, medications, and MRI of the lumbar spine. Currently, the injured worker complains of left hip pain. He had an intra-articular hip injection on June 4, 2015 and reports 90% improvement in his pain following the injection. He reports reduced pain, increased functional status and improved sleep. He reports that since the injection he has not required pain medications. He denies significant lumbar pain and has no radiating paresthesia in the distal lower extremity. On physical examination the injured worker has no pain with flexion of the left hip and he has no significant discomfort with left hip external rotation and internal rotation. His left hip flexion strength is 4+ - 5 and his remaining distal muscles are 5-5 strength. He has no sensory deficits to light touch and no reflex asymmetry of the left hip. The diagnoses associated with the request include denervation of the lumbar - lumbosacral intervertebral disc, lumbosacral spondylosis and pain pelvis-thigh joint. The treatment plan includes updated MRI of the left hip for evaluation of surgical intervention and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left 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).

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 Chapter, MRI (Magnetic Resonance Imaging).

Decision rationale: Regarding the request for hip MRI, telephone MTUS and ACOEM do not contain criteria regarding this request. Official Disability Guidelines state that MRI is the most accepted imaging for avascular necrosis of the hip. Guidelines go on to state that it should be the 1st imaging study recommended following plain films. It is recommended for articular or soft tissue abnormalities, osteonecrosis, a cold stress fractures, acute and chronic soft tissue injuries, and tumors. Within the documentation available for review, it appears the patient is doing better at the current time following the injection with improved pain and function. Therefore, it is unlikely that surgical intervention would be planned at the current time. As such, it is unclear how the currently requested MRI will change the current treatment plan. In the absence of clarity regarding that issue, the currently requested MRI of the hip is not medically necessary.