

Case Number:	CM15-0162727		
Date Assigned:	08/28/2015	Date of Injury:	10/07/2008
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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 52 year old male who sustained a work related injury October 7, 2008. Past history included left ankle surgery, right knee surgery, and left shoulder surgery, 2014. According to a primary treating physician's progress report, dated August 10, 2015, the injured worker presented for re-evaluation regarding his low back and right hip pain, which he reports has not changed since his previous visit. He had acupuncture treatment x1 thus far, self- pay, which he found helpful, but continues with flares of severe pain in the left hip and groin. The pain is described as aching pins and needles and numbness in the left hip and buttock, which radiates to the left groin area, rated 8 out of 10 without medication, and 5 out of 10 with medication. He has had an x-ray of the left hip and tried and failed with physical therapy. Physical examination revealed; 5'6" 170 pounds; lumbar spine-Patrick's positive on the left, moderate tenderness over the paraspinal muscles and left hip, straight leg raise elicits pain in the left hip and groin, limited flexion and extension due to pain. Assessments are low back pain; hip pain; myalgia; chronic pain syndrome. At issue, is the request for authorization for an MRI of the 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines.

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 of the hip 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 imaging has not been met per the ODG and the request is not medically necessary.