

Case Number:	CM15-0162952		
Date Assigned:	08/31/2015	Date of Injury:	05/29/2012
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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 injured worker is a 53 year old female, who sustained an industrial injury on May 29, 2012. She reported low back pain. Treatment to date has included pain management, x-rays, chiropractic care, bilateral sacroiliac joint injections, surgery, medication, heat therapy, physical therapy, toxicology screen and electrical stimulation therapy. Currently, the injured worker complains of moderate to severe low back pain that radiates into the right groin and right leg and is described as a constant pulling sensation, and is rated at 6 on 10. The injured worker is currently diagnosed with sacroiliitis. Her work status is temporary total disability. A progress note dated February 26, 2015, states the injured worker experienced a decrease in pain from electrical stimulation therapy. A progress note dated June 18, 2015, states the injured worker experienced a 30%-40% decrease in pain and improved ambulation for one week from chiropractic intervention. The note also states the injured worker did not experience any benefit from the bilateral sacroiliac joint injections. A progress note dated July 2, 2015, states the injured worker experienced partial pain relief from surgical intervention; however, she continues to have residual low back pain that radiates into her right groin and right lower extremity (mildly). An MRI with and without contrast for the right hip is requested to aid in further diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right hip MRI with and without contrast: Overturned

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) Hip and Pelvis Chapter, under MRI.

Decision rationale: The patient presents with continued moderate to severe lumbar spine pain radiating into the right groin and lower extremity rated 6/10. The request is for outpatient right hip MRI with and without contrast. The request for authorization is not provided. The patient is status post L5-S1 decompression and fusion, 12/11/14. X-ray of the pelvis, 02/19/15, shows status post lumbar spinal fusion; mild constipation; osteoarthritic changes within the hip joints bilaterally. Physical examination of the lumbosacral spine reveals a healed post-surgical scar. The bilateral sacroiliac joints are markedly tender, right greater than left. Range of motion is decreased with pain. Lumbar orthopedic tests are positive for Minor's Sign, Stork Test, Kemp's, Patrick's, Gaenslen's, Fortin Finger Test and Jump Sign. Exam of lower extremities reveal right groin pain. Hip orthopedic tests are positive on the right for FABERE, Anvil Test and Labral Loading. The patient underwent bilateral sacroiliac joint injections but reports no significant lasting relief. She is performing home stretches. Patient's medications include Norco, Tramadol and Fluoxetine. Per progress report dated 07/02/15, the patient is TTD x 4 weeks. 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. Per progress report dated 07/02/15, treater's reason for the request is "Right hip orthopedic testing is positive." X-ray of the pelvis shows osteoarthritic changes within the hip joints bilaterally. In this case, given the patient's residual sacroiliac joint pain as well as mild radicular pain into the right L5 and S1 dermatomes, and failure to improve with conservative care, an MRI of the left hip would appear reasonable. Review of provided medical records show no evidence of a prior left hip MRI. Therefore, the request IS medically necessary.