

Case Number:	CM15-0186702		
Date Assigned:	09/28/2015	Date of Injury:	07/28/2015
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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 49 year old male, who sustained an industrial injury on 7-28-2015. The injured worker was being treated for cervical sprain and strain and left hip sprain. On 8-24-2015, the injured worker reported constant, dull pain of the left hip and low back area, which was worsened by walking and relieved by sitting. Associated symptoms included radiating pain to the left foot and difficulty walking. He also reported mild, dull left neck pain, which was worsened by use and relieved by rest. The physical exam (8-24-2015) revealed a stiff, antalgic gait and difficulty with heel-toe walking. There was no neck stiffness or splinting, tenderness of the left trapezius, unrestricted neck range of motion, and no evidence of paracervical musculature weakness. There was unrestricted lumbar range of motion, no tenderness of the lumbosacral spine, and left greater than right buttock and greater trochanter tenderness. The deep tendon reflexes of the upper and lower extremities were 2 out of 4. Sensation was intact in all dermatomes of the upper and lower extremities. The straight leg raise test for sciatic nerve involvement was positive. There was left hip muscle weakness of -4 out of 5. Per the treating physician (8-5-2015 report), x-rays of the left foot, left knee, and left hip were normal. Treatment has included physical therapy, work restrictions, a neoprene hinged knee brace, ice, heat, and medications including short-acting and long-acting opioid analgesic, muscle relaxant (Orphenadrine), and non-steroidal anti-inflammatory (Etodolac ER). Per the treating physician (8-24-2015 report), the injured worker's condition was worsening with physical therapy. Per the treating physician (8-24-2015 report), the injured worker was to return to work with restrictions. On 8-24-2015, the requested treatments included an MRI of the cervical spine without contrast

and an MRI of the left hip without contrast. On 8-31-2015, the original utilization review non-certified/modified a request for Norco 10/325 #30 (original request for #150) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any failed conservative treatment, specific acute change or progressive deficits in clinical findings to support this imaging study as the patient is without documented correlating neurological deficits consistent with any dermatomal pattern or motor strength loss. Exam findings have normal sensation with unrestricted range without musculature weakness. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI cervical without contrast is not medically necessary or appropriate.

MRI left hip without contrast: 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), Hip & Pelvis Chapter, 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, MRI (magnetic resonance imaging), page 254.

Decision rationale: There are no x-rays of the hips for review. Guidelines states that most hip problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture are ruled out. For patients with significant hemarthrosis and a history of acute trauma,

radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for the imaging study. The MRI left hip without contrast is not medically necessary or appropriate.