

Case Number:	CM15-0027261		
Date Assigned:	02/19/2015	Date of Injury:	02/18/2013
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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: Ohio, North Carolina, Virginia
 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 53 year old male, who sustained an industrial injury on 2/18/13 after falling off a 4 story roof and striking his back against the wall of the building and dangling in a harness. The diagnoses have included cervical facet syndrome, low back pain and lumbar radiculopathy. Treatment to date has included diagnostics, medications, injections and physical therapy. Currently, the injured worker complains of backache and left knee pain. The pain is rated 5/10 with medications and 7/10 without medications. Magnetic Resonance Imaging (MRI) of the cervical spine dated 5/31/13 revealed annular bulge, facet hypertrophy, and minimal spinal canal narrowing. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/1/13 revealed disc degeneration, disc bulge and spur, and questionable positional impingement with tiny annular tear at L4. Physical exam of the lumbar spine revealed restricted range of motion and straight leg test was positive on the left. The cervical spine range of motion was restricted. There was positive cervical facet pain with facet loading maneuvers. He ambulates without a device. The current medications were documented Naproxen, Cymbalta and Robaxin. Work status was modified duty. On 1/16/15 Utilization Review non-certified a request for MRI Right Hip/Pelvis without contrast, noting given the lack of detailed exam findings and lack of details regarding the need for Magnetic Resonance Imaging (MRI) right hip and pelvis, the request was not medically necessary. The (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Hip/Pelvis without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Hip and pelvis. MRI.

Decision rationale: MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) 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. In this instance, the injured worker has no symptoms attributable to the right hip or right leg. There is no physical exam noted of either hip in nearly 200 documents reviewed. A stray physical therapy note states that there is diminished range of motion in the left hip. There are no documented x-rays of either hip. It appears that the original request for authorization was for bilateral hip MRI and now this is a request for a right hip/pelvis MRI leading this reviewer to presume that the left hip MRI was approved recently. An extensive note from the orthopedic QME does not describe any examination of either hip and concludes that the injured worker's major pathology originates with a compressed left sided S1 nerve root. Thus, the medical necessity for a right hip/pelvis MRI is not established.