

<b>Case Number:</b>	CM15-0041619		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New Jersey, New York  
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 female who sustained an industrial injury on 07/10/11. Initial complaints and diagnoses are not available. Prior treatments are not discussed. Prior diagnostic studies include a MRI. Current complaints include chronic left shoulder pain. In a progress note dated 01/29/15 the treating provider reports a plan of care including a repeat MRI. The requested treatment is a MRI of the right hip and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right 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); Indications for Imaging, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, hip/pelvis.

**Decision rationale:** The request for MRI of the right hip is not medically necessary. ODG guidelines were used as MTUS did not provide specific guidelines. MRI of the right hip is acceptable when evaluating for osseous, articular, or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. It is often used after x-rays when negative or suspicious for occult fracture. The patient does not have documentation of any complaints that would cause concern for any of these conditions. There is no complete documentation of a right hip exam. Therefore, the request is considered not medically necessary.

**MRI Lumbar Spine:** 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); Indications for imaging, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

**Decision rationale:** The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. Therefore, the request for a repeat lumbar MRI is medically unnecessary.