

Case Number:	CM15-0044461		
Date Assigned:	03/16/2015	Date of Injury:	12/09/2010
Decision Date:	04/22/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 9, 2010. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for MRI imaging of the pelvis. An RFA form dated February 25, 2015 was referenced in the determination. A February 13, 2015 progress note was also referenced. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery and earlier inguinal herniorrhaphy surgery. The applicant's attorney subsequently appealed. On June 26, 2014, the applicant reported ongoing complaints of left-sided groin and testicular pain. Hernia was not appreciated. MRI imaging of the spine had apparently been ordered. The attending provider stated that he would like to concurrently order MRI imaging of the pelvis. It was not stated for what purpose MRI imaging of the pelvis was being proposed. In an August 20, 2014 progress note, it was acknowledged that the applicant was not working. The applicant received multiple trigger point injections. On January 26, 2015, the attending provider's assistant reiterated her request for MRI imaging of the pelvis to evaluate the applicant's allegations of testicular pain. Once again, it was not stated for what purpose and/or diagnosis the pelvic MRI was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the pelvis with or 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) Hernia Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hip and Groin Diagnostic Testing X-rays are the most basic of the anatomical tests, show bony structure and, after many decades of use, are the initial test for evaluating most cases of hip pain. Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology. MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence not recommended Insufficient Evidence (I).

Decision rationale: No, the request for MRI imaging of the pelvis/hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip Pain and Groin Chapter notes that MRI imaging of the hip and/or pelvis is not recommended for routine evaluation purposes in applicants with acute, subacute, or hip joint pathology, including degenerative joint disease. ACOEM further notes that x-rays are considered the initial test of choice to work up issues with hip pain. Here, it did appear that the attending provider was, in fact, intent on performing MRI imaging of the hip and/or pelvis for routine evaluation purposes, with no clearly stated goals of acting on the results of the same. The attending provider stated in an earlier progress note that he was seemingly intent on ordering hip and/or pelvic MRI imaging on the grounds that the applicant was already scheduled to undergo a lumbar MRI. It did not appear, thus, the applicant had had previous plain film imaging of the hip. It was not stated what was sought. It was not stated what was suspected. The applicant did not, moreover, appear to have clear pain complaints emanating from the hip but, rather, had a primary complaint of low back pain and a secondary complaint of groin pain. Hip/pelvic MRI imaging, thus, was not indicated in the context present here. Therefore, the request was not medically necessary.