

Case Number:	CM15-0053352		
Date Assigned:	03/26/2015	Date of Injury:	07/22/1997
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 injured worker is a 46 year-old male, who sustained an industrial injury on 07/22/1997 (with multiple other dates of injury were noted in the clinical notes). Initial complaints/symptoms reported included low back pain. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, conservative therapies, multiple surgical procedures (most recent lumbar surgery on 12/19/2014), x-rays, MRIs, EKGs, and referrals and consultations. Currently (per the exam dated 01/08/2015), the injured worker complains of continued/ongoing non-specified pain despite recent lumbar surgery; however, it was noted that the injured worker had been tapering/reducing his pain medications. The injured worker rated his pain at 4/10 with medications and 9/10 without medications. The treatment plan consisted of continued medications as prescribed and follow-up. The exam and treatment plan requesting the MRI for the right hip was not found in the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right 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, Hip & Pelvis, Indications for imaging Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) Chapter, MRI (magnetic resonance imaging).

Decision rationale: The requested MRI of the right hip without contrast is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging) recommend this imaging study for Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. The injured worker has chronic hip and back pain. The treating physician has not documented the presence of symptoms or exam findings indicative of avascular necrosis or any other conditions noted above. The criteria noted above not having been met, the MRI of the right hip without contrast is not medically necessary.