

<b>Case Number:</b>	CM14-0124557		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 34 year old male who sustained an injury to his left hip/pelvis on 05/31/13 when he had difficulty with a heavy weight, he twisted with immediate back pain followed by scrotal pain. MRI of the low back dated 11/13/13 identified mild far right disc bulge without compression on the L4 nerve root; small left disc protrusion at L5-S1. The clinical note dated 02/04/14 reported that the injured worker continued to have low back pain with severe left groin pain. MRI dated 02/20/14 revealed left lateral recess at S2; soft tissue lesion in the left lateral recess of S2. The injured worker was approved for left S2 hemilaminotomy and microdiscectomy on 02/27/14. Physical therapy note dated 06/03/14 reported that the injured worker has completed a total of 8 prescribed visits. The injured worker stated that his groin pain has returned and it hurts when he bears weight on the left leg unilaterally. The clinical note dated 07/18/14 reported that the injured worker continued to complain of severe left hip pain as well as groin pain when he attempts to do his therapy visits. The physical examination noted spine/muscle healed scar in the lumbar region; groin tenderness; some groin tenderness in the left side with a lot of left groin pain; in brace and physical therapy; no radicular pain. The injured worker was recommended an MRI of the hip/pelvis to rule out labral lesion and arbitrator hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Advisability Guidelines Hip and Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging)

**Decision rationale:** The request for an MRI of the left hip/pelvis is not medically necessary. The previous request was denied on the basis that in order to authorize specific treatment methods, there must be sufficient documentation of medical necessity consistent with evidence based treatment guidelines. Per Official Disability Guidelines, labral tears present with anterior hip or groin pain and less commonly buttock pain. Frequently there are also mechanical symptoms including clicking, locking, and giving way. The most consistent physical examination finding is a positive anterior hip impingement test and these are not present in the current progress report. Given this, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. Given this, the request for an MRI of the left hip/pelvis is not indicated as medically necessary.

**MRI pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Advisability Guidelines Hip and Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging)

**Decision rationale:** The request for an MRI of the left hip/pelvis is not medically necessary. The previous request was denied on the basis that in order to authorize specific treatment methods, there must be sufficient documentation of medical necessity consistent with evidence based treatment guidelines. Per Official Disability Guidelines, labral tears present with anterior hip or groin pain and less commonly buttock pain. Frequently there are also mechanical symptoms including clicking, locking, and giving way. The most consistent physical examination finding is a positive anterior hip impingement test and these are not present in the current progress report. Given this, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. Given this, the request for an MRI of the left hip/pelvis is not indicated as medically necessary.

