

<b>Case Number:</b>	CM14-0141880		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/22/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Medicine 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 51 year old female who reported an injury on 08/22/2001. The mechanism of injury was not provided. Her diagnoses included low back pain, gait abnormality and joint pain. The past treatment included medication, acupuncture, trigger point injections, medial branch nerve blocks at L4, L5 and S1 on the left, chiropractic therapy and a home exercise program. There were no pertinent diagnostic studies provided. The surgical history included an arthroscopic hip repair in 2010. On 07/08/2014, the injured worker complained of pain to the lower back and hip. She rated her pain an 8.5/10 on a pain scale. Upon physical examination, she was noted to have decreased sensation on the outside of the left leg and weakness of left hip flexion. The injured worker was noted to have a gait and station that was almost normal. Her current medications were listed as Lidoderm, Flexeril, Ambien, MS Contin and Norco. The treatment plan was to use cognitive rehabilitation and to continue medications. A request was received for an MRI of the lumbar spine and hip. The rationale for the request was not provided. The request for authorization form was signed and submitted on 07/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar and Hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, MRI (magnetic resonance imaging); Low Back, MRIs (magnetic resonance imaging)

**Decision rationale:** The request for MRI of the lumbar and hip is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Imaging studies should be reserved for cases where surgery is considered or red flag diagnoses are being evaluated. The Official Disability Guidelines recommend MRI of the hip for finding avascular necrosis of the hip, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. It seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. There is a lack of documentation regarding prior diagnostic studies and results of completed conservative care. Although the injured worker was noted to have decreased sensation on the outside of the left leg and weakness of left hip flexion, there is no indication of any significant neurologic deficits or the failure of a recent trial of conservative care. There is also no indication of any red flag diagnoses or that surgery was being considered. Therefore, the request is not medically necessary.