MAXIMUS Federal Services

Case Number:	CM14-0142400		
Date Assigned:	09/10/2014	Date of Injury:	02/15/2011
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	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 Occupational Medicine and is licensed to practice in California. 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 claimant was injured on 02/15/11. An MRI of the right hip is under review. His mechanism of injury is unclear and he has tried medications, work restrictions, and physical therapy with temporary relief. He underwent a left lumbar sympathetic block for complex regional pain syndrome and left ankle pain in January 2012 and left-sided lumbar transforaminal ESI's on 01/29/13. He had an MRI of the low back and EMG/nerve conduction studies of the lower extremities in 2012. He had another MRI of his low back in November 2013. He complains of persistent pain and stiffness in the low back radiating to his legs. He had positive SLRs and underwent lumbar spine surgery in August 2014. Right hip exam revealed no erythema, ecchymosis, or gross deformity and he had antalgia on the right with tenderness of the greater trochanteric region. Range of motion was limited in all planes. On 03/19/14, he saw [redacted] but there was no mention of problems with the hip. On 05/19/14, he saw [redacted] and reported ongoing pain and stiffness that was increasing in the right hip with difficulty ambulating. He had antalgia with decreased range of motion. He was diagnosed with a right hip sprain with possible internal derangement. Spine surgery was pending. An MRI was ordered for the right hip was recommended to rule out an internal derangement. He saw [redacted] on 05/23/14. An updated MRI of the lumbar spine was recommended. On 05/31/14, [redacted] stated that he had pain in both hips. Lumbar spine surgery was being arranged on 06/05/14 along with an MRI of the head. There is no mention of any x-rays of the right hip in the file. He saw [redacted] on 06/10/14 for low back pain. His hip was not addressed. On 07/08/14, he saw [redacted] and had tenderness with decreased range of motion of the low back, right hip, and the left ankle. He had ongoing pain and stiffness. An MRI was recommended. He saw [redacted] on 07/15/14 for radiating pain into the right hip and both lower extremities. He had a normal gait. His hip was not specifically examined. On 08/07/14, he saw [redacted] but the handwritten notes are nearly

illegible other than he had pain in his low back, left ankle, and right hip. He had tenderness and muscle spasm with decreased range of motion of the lumbar spine and tenderness of the hip. An MRI of the right hip was pending.

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) Hip and Pelvis, MRI (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 and Pelvis - MRI

Decision rationale: The history and documentation do not objectively support the request for an MRI of the right hip. The MTUS do not address MRI of the hip but the ODG state "Indications for imaging -- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, tumors. Exceptions for MRI: Suspected osteoid osteoma (See CT), labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)." There is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications targeting the right hip. No injury to the hip has been noted. No x-rays of the right hip have been described. There are no new or progressive focal deficits of likely or even possible internal derangement have been documented for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request for an MRI of the right hip has not been clearly demonstrated.