MAXIMUS Federal Services

Case Number:	CM14-0144545		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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:

There was a primary treating physicians progress report. The patient is to remain off work for six weeks. The provider was [redacted] and the date was December 18, 2013. She had severe abdominal cramping and spasm in the right groin. She had a Toradol injection. She was referred to a hip specialist. There have been past ganglion blocks and Synvisc. She has also tried topical compound medicine. There was a secondary treating physicians progress report. She has right hip and right thigh pain. Medicines included Fioricet, Percocet, Motrin, Colace, and Prilosec. The drug screen shows that she is compliant. The date of this exam was December 31, 2013. There was an application for independent medical review signed on August 26, 2014. The request was regarding an outpatient MRI of the lumbar spine. There was a review from August 15, 2014. She was described as a 51-year-old worker injured back in the year 2006. She was transferring an outpatient from the lift recliner to a wheelchair when the patient fell forward and the claimant lifted the patient to prevent her from falling. There was a note from March 25, 2014. She had right hip and thigh pain. The pain was severe, sharp and burning. There had been physical therapy. There was right lower extremity numbness and tingling. The right hip pain is constant with daily pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the right hip without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalitiesOsteonecrosisOccult acute and stress fractureAcute and chronic soft-tissue injuriesTumorsIt is not clear the claimant had these conditions; moreover. No plain X-ray analysis of the hip find before moving on to more rigorous and advanced imaging. The request is not medically necessary.