

Case Number:	CM14-0161653		
Date Assigned:	10/07/2014	Date of Injury:	12/31/2008
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 North Carolina. 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 52-year-old with a reported date of injury of 12/31/2008. The injured worker has the diagnoses of low back pain and left hip pain. The only supporting documentation provided for review besides the utilization review is an agreed medical exam dated 06/28/2010. Per that report the injured worker had complaints of low back/left hip pain and occasional dull left wrist pain. Past treatment modalities included physical therapy, massage therapy and acupuncture. The physical exam noted slight tenderness in the left buttock and left sacroiliac region, moderate tenderness over the greater trochanter on the left and positive Faber's test. Per the utilization review, an MRI of the lumbar spine from 03/13/2014 revealed a broad disc protrusion at L3-4 with mild facet arthropathy and mild bilateral neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (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 Disability Guidelines (ODG), Indication for 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

Decision rationale: The California MTUS and the ACOEM do not specifically address hip magnetic resonance imaging (MRI). Pert the Official Disability Guidelines, hip imaging is indicated for osseous, articular or soft tissue abnormalities are present. Also for osteonecrosis, acute and chronic soft-tissue injuries, stress fractures, or suspected labral tears or tumors. There is no recent progress note documentation provided for review. Therefore in the absence of actual physical documentation of abnormalities in the hip, it cannot be assessed if an MRI is warranted or if ODG criteria for MRI imaging have been met. Therefore the request for Magnetic Resonance Imaging (MRI) Left Hip is not medically necessary.