

Case Number:	CM14-0029369		
Date Assigned:	06/27/2014	Date of Injury:	07/16/2013
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 injured her back/right hip on 07/16/13 when she slipped and fell. She had 6 sessions of therapy certified in November 2013. On 01/16/14, a clinic note indicates pain with numbness and tingling at level 9/10. She had 95% back pain and 10% leg pain. She had spasms and tenderness along the thoracic spine. X-rays of the hip were ordered. An MRI of the thoracic spine and hip were ordered. She also was seen on 05/08/14. She reported her medications were working well. She was to continue physical therapy and home exercises. A TENS unit has been requested. On 06/26/14, she saw [REDACTED]. She reported improvement in her pain with medication. She had increased pain going from her right buttock down her right leg on that visit. She was taking tramadol, Celebrex, and tizanidine. She had right hip tenderness over the greater trochanter. A trial of epidural steroid injections was recommended. She had progress in PT but worsening of pain recently and had tried home exercises but also had increased pain. Her hip is not otherwise examined. Pain management consultation was also recommended. On 06/05/14, she had similar findings. Range of motion and other examination of the right hip was not recorded at either visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image Of the Right Hip.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X 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 specifically address MRIs of the hip. 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; and 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). In this case, there is no evidence of a trial and failure of a reasonable course of conservative care for the right hip, including an exercise program or local modalities. There are no new or progressive focal deficits on physical examination for which this type of imaging study appears to be indicated. The physical examinations of the right hip have been very limited. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.