

<b>Case Number:</b>	CM14-0215262		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 10/8/12. A utilization review determination dated 12/3/14 recommends non-certification/modification of hip MRI and x-rays. 11/12/14 medical report identifies pain in the hips and low back. When his mid back hurts, he will have more hip pain. On one occasion, the pain shot down the right leg to the lateral leg while lifting a case of food. He has had night sweats for the last year. On exam, there is positive SLR on the right at 40 degrees. There is thoracolumbar scoliosis, concave to the right, spasm, tenderness, focal pain to percussion T5 and T10 posterior processes, slightly limited back ROM, slightly decreased hip internal rotation with pain on the right. The leg and hip ROMs were limited and tight from increased muscle tone. Sensation decreased along the right medial knee and posterior leg, and there was a suspended sensory level between T9 and T12. There was a level two proprioception at T9. Vibration was slightly decreased on the left and mildly decreased on the right at the toes. The provider noted that hip pain was believed to be from involuntary movements of muscles about the hips because of cord injury/dysfunction rather than joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the 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 Chapter, MRI Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, MRI

**Decision rationale:** Regarding the request for hip MRI, CA MTUS does not address the issue. ODG notes that MRI is indicated for: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. Within the documentation available for review, none of the above have been identified. The provider notes that the hip pain is believed to be due to cord injury/dysfunction rather than hip pathology and there is no clear rationale for hip imaging presented. In light of the above issues, the currently requested hip MRI is not medically necessary.

**Plain film 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), Hip and Pelvis Chapter, X-Ray Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, X-Ray

**Decision rationale:** Regarding the request for hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Within the documentation available for review, there is no indication of a severe acute injury or any symptoms/findings suggestive of osteoarthritis. The provider notes that the hip pain is believed to be due to cord injury/dysfunction rather than hip pathology and there is no clear rationale for hip imaging presented. In the absence of such documentation, the currently requested hip x-ray is not medically necessary.

**Plain film 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 Chapter, X-Ray Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, X-Ray

**Decision rationale:** Regarding the request for hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Within the documentation available for review, there is no indication of a severe acute

injury or any symptoms/findings suggestive of osteoarthritis. The provider notes that the hip pain is believed to be due to cord injury/dysfunction rather than hip pathology and there is no clear rationale for hip imaging presented. In the absence of such documentation, the currently requested hip x-ray is not medically necessary.