

Case Number:	CM14-0218555		
Date Assigned:	01/08/2015	Date of Injury:	02/06/2014
Decision Date:	03/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 patient is a 37 year old male who sustained a work related injury as a forklift driver when he ran into a pallet and hit the right side of his head and body against it on February 6, 2014. The patient reported injuries to his head, neck, hip, arm and back. Computed Tomography (CTs) of the brain, facial bones and neck were negative for acute fracture or pathology. There was no loss of consciousness. The injured worker was diagnosed with concussion, neck sprain and contusion of the hip. A magnetic resonance imaging (MRI) of the lumbar spine on July 10, 2014 demonstrated a 3mm diffusely bulging disc at L4-L5 with bilateral foraminal narrowing and no spinal stenosis. On October 13, 2014 the injured worker underwent a lumbar epidurogram, lysis of adhesions using selective lumbar epidural catheter, a steroid and anesthetic lumbar epidural space with neurolysis and facet block bilaterally at L4-L5. The injured worker has received multiple diagnostic tests, medication and physical therapy. The patient continues to experience headaches and currently is taking Nortriptyline. No other medications are documented. There is no documentation regarding the injured worker's current hip status. There is no documentation of the injured worker's disability status. The physician requested authorization for a Right hip magnetic resonance imaging (MRI) with 3D rendering and interpretation. On November 21, 2014 the Utilization Review denied certification for the Right hip magnetic resonance imaging (MRI) with 3D rendering and interpretation. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) do not apply according to the Utilization Review letter therefore the Official Disability Guidelines (ODG),

Hip and Pelvis Chapter, Magnetic Resonance Imaging (MRI) was utilized in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip MRI with MRI with 3D rendering and interpretation: 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 (magnetic resonance imaging)

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

Decision rationale: According to the ODG, MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain films are negative and suspicion is high for occult fracture. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. Indications for imaging with MRI includes osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, tumors. Exceptions for MRI are suspected osteoid osteosarcoma and labral tears. In this case the documentation doesn't indicate the reason for the MRI of the hip or the medical necessity of it.