

<b>Case Number:</b>	CM15-0010247		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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

### 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 46 year old male, who sustained an industrial injury on 2/19/2007. On 2/11/15, the injured worker submitted an application for MRI for review of MRI bilateral hips and pelvis. The treating provider has reported the injured worker complained of lower backache pain radiating to bilateral lower extremities. The diagnoses have included lumbar radiculopathy, cervical and abdominal pain, bilateral inguinal hernias, Iatrogenic sexual dysfunction, compensable consequence of industrial treatment rendered; Iatrogenic CNS cognitive/arousal disorder, compensable consequence of industrial treatment rendered; Iatrogenic gastrointestinal disturbance, compensable consequence of industrial treatment rendered. Treatment to date has included MRI lumbar (3/29/13), transforaminal epidural steroid injections (3/27/13, 5/21/13), herniorrhaphy (7/16/07), L4-5 foraminotomy L4-5 and L5-S1 right discectomy (4/23/07), physical therapy, injections, medications, x-rays. On 1/16/15 Utilization Review non-certified MRI for review of MRI bilateral hips and pelvis. The ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Bilateral Hips and Pelvis:** 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), Chapter Hip and Pelvis, Indicates MRI for Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip, MRI (magnetic resonance imaging), page 254

**Decision rationale:** There are no x-rays of the hips for review. Guidelines states that most hip problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for the imaging study. The MRI Bilateral Hips and Pelvis is not medically necessary and appropriate.