

Case Number:	CM15-0016679		
Date Assigned:	02/05/2015	Date of Injury:	01/12/2011
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 59year old female, who sustained an industrial injury on 1/12/2011. The diagnoses have included closed unspecified fracture of pelvis and closed fracture of unspecified part of tibia. Treatment to date has included conservative measures. Currently, the injured worker complains of low back pain, rated 5-7/10, going down her leg. She reported some numbness along the right leg. Physical exam noted positive straight leg raise test and comfortable hip range of motion was noted. No recent diagnostic testing was noted and magnetic resonance imaging of the lumbosacral spine was requested. Magnetic resonance imaging of the right hip, dated 11/29/2013, was normal. On 1/14/2015 Utilization Review non-certified a request for magnetic resonance imaging of the right pelvis, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation Hip and Pelvis chapter

Decision rationale: The Official Disability Guidelines recommend an MRI of the hip when the patient has acute and chronic soft tissue injuries such as avascular necrosis of the hip and osteonecrosis. In this case, the patient presented with pain in the right leg. With limited evidence of right pelvis pathology, it was most likely that the right leg pain originated in the low back. MRI imaging is not needed to diagnose hip pain referable to the lumbar spine. Thus this request is not medically appropriate and necessary.