

Case Number:	CM15-0112162		
Date Assigned:	06/18/2015	Date of Injury:	03/27/1998
Decision Date:	07/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New
 York 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 injured worker is a 55 year old male, who sustained an industrial injury on 3/27/1998. Diagnoses include cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement status post fusion, lumbar radiculopathy, bilateral sacroiliac arthropathy and mood disorder. Treatment to date has included surgical intervention, medications including Norco and topical creams and diagnostics. Per the Primary Treating Physician's Progress Report dated 4/16/2015, the injured worker reported pain in the lower back radiating to the mid back and between the shoulder blades. He also reported cramping in his left foot, left leg pain radiating from the left buttock and left hip area to the left foot, neck pain with radiation into both arms associated with numbness and tingling, right forearm pain, left groin cramping pain and pain in the bilateral sacroiliac joints. Medication is somewhat helpful in alleviating the pain and pain level has decreased from 9/10 to 2/10 after taking Norco. Physical examination of the cervical spine revealed tenderness to palpation over the cervical paraspinal musculature and bilateral upper trapezius muscles with decreased range of motion secondary to pain and stiffness. There was tenderness to palpation of the forearm on the right. Examination of the lumbar spine revealed a well-healed incision. There was positive tenderness to palpation over the lumbar spine paraspinal musculature with decreased range of motion secondary to pain and stiffness. The plan of care included continuation of prescribed medications and diagnostic imaging. Authorization was requested for magnetic resonance imaging (MRI) of the right and left hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 10/09/14) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging for the left hip is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses are cervical discopathy with disk displacement; cervical radiculopathy; lumbar discopathy with disk displacement status post lumbar fusion; lumbar radiculopathy; bilateral sacroiliac arthropathy; and mood disorder. Subjectively, according to an April 16, 2015 progress note, the injured worker complains of low back pain that radiates to the lower extremities. There is left hip pain that radiates to the feet. There is cramping overlying the left sacroiliac joints. Objectively, there is tenderness palpation over the bilateral SI joints. Neurologic evaluation showed normal motor strength bilaterally. There was no right hip or left hip physical examination. There were no plain radiographs of the hips in the medical record. There was no suspicion of avascular necrosis of the hip. There was no suspicion of occult fracture. There is no clinical documentation with suspicion of labral tears. There are no red flags or recent trauma in the medical record. Consequently, absent clinical documentation to support MRI evaluation left hip and plain radiographs of the left hip, magnetic resonance imaging for the left hip is not medically necessary.

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 ODG Hip & Pelvis (updated 10/09/14) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging for the right hip is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain

x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses are cervical discopathy with disk displacement; cervical radiculopathy; lumbar discopathy with disk displacement status post lumbar fusion; lumbar radiculopathy; bilateral sacroiliac arthropathy; and mood disorder. Subjectively, according to an April 16, 2015 progress note, the injured worker complains of low back pain that radiates to the lower extremities. There is left hip pain that radiates to the feet. There is cramping overlying the left sacroiliac joints. Objectively, there is tenderness palpation over the bilateral SI joints. Neurologic evaluation showed normal motor strength bilaterally. There was no right hip or left hip physical examination. There were no plain radiographs of the hips and the medical record. There was no suspicion of avascular necrosis of the hip. There was no suspicion of occult fracture. There is no clinical documentation with suspicion of labral tears. There are no red flags or recent trauma in the medical record. Consequently, absent clinical documentation to support MRI evaluation right hip and plain radiographs of the right hip, magnetic resonance imaging for the right hip is not medically necessary.