

Case Number:	CM15-0113180		
Date Assigned:	06/19/2015	Date of Injury:	02/27/2009
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 34-year-old male who sustained an industrial injury on 2/27/09. The mechanism of injury is unclear. He currently complains of hip pain and low back pain with a pain level of 2-3/10 with medication and 7/10 without medication; left lower extremity numbness and tingling. On physical exam, he exhibits tenderness over the left trochanteric lumbar spine with decreased range of motion. Medications are Tramadol, Naprosyn, pantoprazole, cyclobenzaprine. Drug screen from 5/22/15 was consistent with prescribed medications. Diagnoses include left L5-S1 herniated nucleus pulposus status post left L5-S1 decompression (2/7/13); degenerative disc disease lumbar strain left L5-S1 recurrent herniated nucleus pulposus; status post revision decompression (9/5/13), possible degenerative disc disease/ herniated nucleus pulposus. Treatments to date include medications. Diagnostics include MRI of the lumbar spine (3/15/12) showing left L5-S1 disc herniation; MRI lumbar spine (7/3/13) showing recurrent L5-S1 herniated nucleus pulposus; x-ray lumbar spine (8/12/13) unremarkable; MRI left hip (6/2/14) showing minor degenerative joint disease of the left hip; x- ray of the lumbar spine (7/21/14) unremarkable; MRI of the lumbar spine (6/3/15) showing disc dedication, disc protrusion, neural foraminal stenosis, lateral recess stenosis. In the progress note dated 5/22/15 the treating provider's plan of care includes a request for hip specialist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient hip evaluation with a specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has mild hip pain and has mild DJD on recent MRI. Provider has failed to provide any information concerning prior physical therapy or other conservative modalities attempted thus far. It is unclear why provider cannot treat or requires a specialist to evaluate patient with mild hip degenerative joint disease. Therefore, the request is not medically necessary.