

Case Number:	CM15-0128678		
Date Assigned:	07/15/2015	Date of Injury:	05/08/2011
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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 65 year old male, who sustained an industrial injury on May 8, 2011, incurring low back injuries. He was diagnosed with lumbar sprain, lumbar degenerative disc disease and radiculopathy. Currently, the injured worker complained of persistent lower back pain radiating into the left hip. He noted increased left hip pain with prolonged sitting. He was noted to ambulate with a limp. The injured worker had restricted movements and range of motion of the left hip. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of Left Hip: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, under MRI.

Decision rationale: The patient presents with neck, left shoulder, left hip, and bilateral knees and ankles pain. The request is for MRI (Magnetic Resonance Imaging) of left hip. The request for authorization is dated 06/09/15. Physical examination of the lumbar spine reveals tenderness and pain about the para-axial musculature. There is radiation of pain into the LEFT sacroiliac region; limited from forward bending the patient ambulates with a slight limp. Straight leg raising is positive at 40 degrees, bilaterally, left hip tenderness and pain along the lateral aspect of the left thigh. Patient is to continue performing home exercises to his upper and lower extremities. Patient is to continue symptomatic medication as needed. Per progress report dated 06/01/15, the patient is not working. ODG Guidelines, Hip and Pelvis Chapter, under MRI states: "Recommended as indicated below. 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." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. Per progress report dated 06/01/15, treater's reason for the request is "due to his persistent left hip pain, no relief with medication or home therapy." In this case, given the patient's constant left hip pain, and failure to improve with conservative care, an MRI of the left hip would appear reasonable and consistent with ODG guidelines. Review of provided medical records show no evidence of a prior left hip MRI. Therefore, the request is medically necessary.