

<b>Case Number:</b>	CM15-0172440		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 29 year old female who sustained an industrial injury on 01-19-2015. Current diagnoses include chronic pain syndrome, and fibromyositis. Report dated 07-27-2015 noted that the injured worker presented for 1st follow up check. Cymbalta did not help, completed 10 sessions of physical therapy, which did not help either. Pain level was not included. There were no objective findings recorded. Previous diagnostic studies include x-rays of the left pelvis and hip, and lumbar spine, and MRI of the thoracic and lumbar spine. Previous treatments included medications, and physical therapy. The treatment plan included request for MRI of the left hip to rule out intra-joint pathology, prescribed and dispensed diclofenac and Tramadol. The utilization review dated 08-18-2015, non-certified the request for MRI 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 for left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip and Pelvis Chapter.

**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 are suspected osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses are chronic pain syndrome; and fibromyositis. Date of injury is January 19, 2015. Request for authorization is August 10, 2015. According to a progress note dated June 29, 2015, the injured worker has ongoing low back pain and hip pain. Injured worker had x-rays of the hip (findings not discussed) and physical therapy. Objectively, range of motion was decreased of the lumbar spine, straight like raising was negative, there was SI joint tenderness and tenderness over the greater trochanter. According to the most recent progress note dated July 27, 2015, subjective complaints remain the same, but physical therapy resulted in worsening symptoms. Objectively, there is no physical examination of the low back or hip joints. The treating provider ordered an MRI to rule out intra-articular joint pathology. The treating provider did not document what concern or issue regarding the left hip was suspected. There was no documentation of how a proposed hip MRI influence or affect the treatment plan. There were no red flags documented in the medical record. As noted above, results of the plain x-rays were not documented. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination of the back or hips and there were no red flags documented, magnetic resonance imaging for the left hip is not medically necessary.