

Case Number:	CM15-0073728		
Date Assigned:	04/23/2015	Date of Injury:	02/19/2015
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on 02/19/15. Initial complaints include pain in the right buttock and thigh pain. Initial diagnoses include pelvic sprain/strain. Treatments to date include physical therapy and medications. Current complaints include buttock and back thigh pain. Current diagnoses include pelvic sprain/strain. In a progress note dated 03/30/15, the treating provider reports the plan of care as MRI of the pelvis right side, right buttock, posterior hip, area. The requested treatment is a MRI of the right pelvis, buttock and posterior hip.

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 and buttock and posterior hip area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hip/pelvis MRI.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. Per the ODG, indications for MRI of the hip/pelvis include osseous or soft tissue abnormalities, occult or stress fracture, osteonecrosis, tumors or acute or chronic soft tissue injuries. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.