

Case Number:	CM15-0078361		
Date Assigned:	04/29/2015	Date of Injury:	02/28/2012
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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 46 year old female, who sustained an industrial injury on February 28, 2012. She has reported back pain, buttock pain and groin pain. Diagnoses have included lumbago, sacroiliac ligament strain/sprain, and localized primary osteoarthritis of the pelvic region and thigh. Treatment to date has included medications, physical therapy, chiropractic care, lumbar fusion, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of right buttock pain and groin pain. The treating physician documented a plan of care that included sacroiliac joint belt, gym membership, and magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Hip MRI Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address hip imaging. Per the ODG, hip imaging are indicated in patients with suspected avascular necrosis and osteonecrosis or in the evaluation of occult fracture in which plain radiographs are negative but suspicion remains high clinically. The clinical documentation of reviews does not meet these criteria and the request is not certified.