

Case Number:	CM15-0092330		
Date Assigned:	05/19/2015	Date of Injury:	11/19/2005
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 58-year-old female sustained an industrial injury to the low back and bilateral hips and bilateral groins on 11/19/05. Previous treatment included physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4/2/15, the injured worker complained of pain to the back, bilateral hips and groins and the left buttocks. The injured worker reported that her main complaints were ongoing episodes of sudden, intense pain in the back region that almost made her fall as well as difficulty walking if she flexed her hip. Otherwise, the injured worker could walk a couple of miles. The physician noted that magnetic resonance imaging lumbar spine (2012) showed multilevel degenerative disc disease with facet arthropathy and bone spurs. Magnetic resonance imaging left hip (2012) showed bursitis and/or tendinitis. The physician noted that the injured worker had never had magnetic resonance imaging right hip. Physical exam was remarkable for tenderness to palpation along the groin, trochanter area and lumbosacral area with decreased range of motion and slightly reduced sensation to pinwheel along the L5-S1 distribution with weakness to resisted function along the left lower extremities. Current diagnoses included discogenic lumbar condition with facet changes, left hip joint inflammation with bursitis, right hip joint inflammation with no diagnostics and associated sleep and stress issues. The treatment plan included a right hip magnetic resonance imaging, repeat lumbar spine magnetic resonance imaging and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right hip without contrast: Upheld

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 MRI (magnetic resonance imaging) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, hip MRI recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) 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. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999) (Scheiber, 1999) (Helenius, 2006) (Sakai, 2008) (Leunig, 2004) (Armfield, 2006) (Bredella, 2005) MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. (Cannon, 2009) (Nelson, 2005) However, MRI of asymptomatic participants with no history of pain, injury, or surgery revealed abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. (Register, 2012) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010) While both MRI (0.5-3T) and MRA (0.5-3T) have moderate sensitivity and specificity (sensitivity 66%, 87%; specificity 79%, 64%), diagnostic accuracy of MRA appears to be superior to MRI in detecting acetabular labral tears on ROC curve interpretation. When magnetic resonance magnet strength was restricted to 1.5-T, the pooled sensitivity for MRI was 70% and the pooled specificity was 82%. The pooled sensitivity for MRA was 83% and the pooled specificity was 57%. (Smith, 2011) However, recent reports have shown similar accuracy when MRA is compared with MRI when an optimized hip protocol and 3.0-T magnets are used. (Register, 2012) (Sundberg, 2006) Indications for imaging Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors Exceptions for MRI. Suspected osteoid osteoma (See CT). Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets. According to the patient's chart, there is no documentation that the patient is suspected of having avascular hip necrosis, osteonecrosis, tumors, stress fracture or any other condition that requires a hip MRI. Therefore, the request is not medically necessary.