

<b>Case Number:</b>	CM14-0004046		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	06/18/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 59-year-old female with a 6/20/13 date of injury. At the time of request for authorization for MRI of bilateral hips, there is documentation of subjective findings of bilateral hip complaints and objective findings of tenderness along the lumbosacral area, scoliosis at L3-L4, weakness along the hip flexion, and positive facet loading. The current diagnoses are discogenic lumbar condition with multilevel disc disease and facet arthropathy, and hip joint inflammation on the left and now on the right. The treatment to date includes physical therapy, back brace, TENS unit, and medications. The medical report identifies a request for MRI of the hips to look for any avascular necrosis. There is no documentation of plain films.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF BILATERAL HIPS:** 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 & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, MRI (magnetic resonance imaging).

**Decision rationale:** California MTUS does not address the issue. ODG identifies documentation of osseous, articular or soft-tissue abnormalities or tumors, and following plain films, as criteria necessary to support the medical necessity of MRI of hip. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition with multilevel disc disease and facet arthropathy, and hip joint inflammation on the left and now on the right. In addition, there is documentation of a request for MRI of the hips to look for any avascular necrosis. However, there is no documentation of plain films. Therefore, based on guidelines and a review of the evidence, the request for MRI of bilateral hips is not medically necessary.