

Case Number:	CM14-0142980		
Date Assigned:	09/15/2014	Date of Injury:	10/01/2012
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family 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:

The patient is a 46 year-old man who was injured at work on 10/1/2012. The injury was primarily to his back. He is requesting review of denial for a Left Hip MRI. Medical records corroborate ongoing care for his injuries. The last office visit is dated 7/15/2014. The note indicates that the patient has a 2-year history of left sided low back pain that radiates into the left buttock and leg. This is associated with left leg weakness. The note indicates that the left leg pain and new left hip pain have been getting worse. There is no documentation of a prior left hip problem. An MRI of the lumbar spine from 2013 is documented and demonstrates L4-5 disc disease. A physical examination is completed; but does not include a focused assessment of the left hip. The assessment was: Lumbar HNP and Lumbar Degenerative Disc Disease. The plan included an MRI of the Lumbar Spine and of the Left Hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip MRI: 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 (updated 3/25/14), MRIs (magnetic resonance imaging)

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 (Acute and Chronic), MRI

Decision rationale: The Official Disability Guidelines comment on the use of MRI for problems of the hip and pelvis. Recommendations for MRI are as follow: 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) 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). In this case there is insufficient evidence in support of the need for an MRI of the left hip. There is no specific documentation as to the specific location of the patient's "hip" pain. Further, there is no focused physical examination of the hip in the most recent medical encounter. The Official Disability Guidelines indicate that plain films represent the initial imaging choice for common problems of the hip. In summary, the lack of clarity as to the location of this patient's "hip" pain, the absence of a focused physical examination of the left hip and the lack of plain films of the left hip, all demonstrate insufficient support for a Left Hip MRI. The test is not considered as medically necessary.