

<b>Case Number:</b>	CM13-0044238		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported an injury on 01/18/2013. The mechanism of injury was a trip and fall on uneven cement. Her diagnoses included cervicalgia, lumbago, pain in joint of the upper arm, pain in joint of pelvic region. Her medications were not included. There was no surgical information. The progress report dated 10/21/2013 documented the injured worker had complaints of constant pain in the neck with burning type sensation to the right arm, intermittent pain in the right shoulder which radiated down the right arm. Rated the pain at an 8/10. Her lumbosacral spine range of motion was measured in flexion at 60 degrees, extension 20 degrees, right and left lateral flexion 20 degrees bilaterally. Her medications included cyclobenzaprine 7.5 mg, tramadol ER 150 mg, naproxen 500 mg, pantoprazole DR 20 mg, flurbiprofen 20%/tramadol 20% compounded cream, gabapentin/tramadol/lidocaine compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right and left hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, MRI (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for MRI of the right and left hip is not medically necessary. The ACOEM guidelines state indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There is no indication of hip pain, tissue insult, nerve impairment to indicate the need for an MRI of the right and left hip. The request for MRI of the right and left hip is not medically necessary.