

Case Number:	CM14-0034484		
Date Assigned:	06/20/2014	Date of Injury:	10/02/2008
Decision Date:	07/18/2014	UR Denial Date:	02/16/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The patient is a 61 year old male, DOI 10/2/08. He is status post 2 level cervical fusion. He has developed increasing radiculopathic signs/symptoms and it is not clear if the neurologic issues are from the nerve root vs a peripheral compression. Prior electrodiagnostics have shown both. An updated cervical MRI was requested to help differentiate what the source of the increasing neurologic complaints. As part of the MRI Valium 5mg #2 tabs was recommended for light sedation. The treating physicians narrative states there is no claustrophobia, the testing form states there is claustrophobia and Valium is recommended. Minimal medications (NSAID's only) are utilized for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Radiology (ACR), Society of Interventional Radiology (SIR). ACR-SIR practice guidelines for sedation/analgesia (online publication) . Reston .VA: American College of Radiology (ACR); 2010.7p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: mayoclinichealthsystem.org, Radiology and Imaging.

Decision rationale: The use of small amounts of oral Valium is routine pre MRI testing if there is any associated anxiety or difficulty lying still during the procedure. MTUS guidelines do not address this issue however; it is standard and common practice to provide pre-procedure Valium if there is any question of anxiety or difficulty with the scanning. There does not appear to be rationale in the UR review to uphold a denial.