

<b>Case Number:</b>	CM14-0140109		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/27/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old male smoker who reported an injury of unknown mechanism on 08/27/1998. On 08/04/2014, his diagnoses included peripheral artery disease, hypertension, vertigo, chest pain, arteriosclerosis, degenerative lumbar spinal stenosis, GERD, hyperlipidemia, memory loss, sciatica, and abdominal pain. His complaints included severe pain in his lower back which he rated at 8/10. There was no significant lower extremity pain, but there was intermittent right lower extremity numbness. He also described intermittent cramping of both calves. He further complained of pelvic pain which he related to his back. He stated that his pain improved with tramadol. X-rays of the lumbar spine showed degenerative scoliosis of the lumbar spine. There was a prior L5-S1 fusion. There was some bilateral sclerosis of the sacroiliac joints. An MRI from 02/14/2014 showed moderate central canal stenosis at L3-4 and L4-5. There was degenerative disc disease at L3-4 and degenerative facet hypertrophy at L3-4 and L4-5. The treatment plan due to chronic right SI joint pain was to refer this injured worker for a right diagnostic SI joint injection. If he responded favorably to that, he would be a candidate for a right SI joint fusion. Other orders included referral for pain management consult and 2 followup visits. The rationale for that was to evaluate and treat. There was an order for an MRI of the brain without contrast due to dizziness and memory loss. There was an order for an MRI of the cervical spine without contrast due to hyperreflexia. A Request for Authorization of the cervical spine MRI only dated 08/06/2014 was included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management consultation, with 2 follow up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for pain management consultation with 2 follow-up visits is not medically necessary. The California/ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. This injured worker was being referred for an SI joint injection and it was noted that tramadol did help relieve his pain. The need for a pain management consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for pain management consultation with 2 followup visits is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the cervical spine with the use of contrast material:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck, Indications for Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

**Decision rationale:** The request for MRI of the cervical spine with use of contrast material is not medically necessary. The California/ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of pain in related symptoms carries a significant risk of diagnostic confusion including false positive test results because of the possibility of identifying a finding that was present before symptoms began and therefore, has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection are present. There was no submitted documentation that this injured worker had any acute neck or upper back conditions with red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection. The clinical information submitted failed to meet the evidence based guidelines for an MRI of the neck. Therefore, this request for MRI (magnetic resonance imaging) of the cervical spine with use of contrast material is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the brain without the use of contrast material:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Brian, Indications for 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), Head, MRI (magnetic resonance imaging).

**Decision rationale:** The request for MRI (magnetic resonance imaging) of the brain without use of contrast material is not medically necessary. The Official Disability Guidelines recommend magnetic resonance imaging to determine neurological deficits not explained by CT, to evaluate the long interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. The only indications given for this request were dizziness and memory loss which do not fall within the parameters of the guidelines. The clinical information submitted failed to meet the evidence based guidelines for an MRI of the brain. Therefore, this request for MRI (magnetic resonance imaging) of the brain without use of contrast material is not medically necessary.