

<b>Case Number:</b>	CM15-0076847		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 44 year old female, who sustained an industrial injury on 8/26/1998. She reported injury from stacking pallets. The injured worker was diagnosed as having cervicalgia, lumbago and lumbosacral disc degeneration. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/17/2015, the injured worker complains of intermittent neck pain with right upper extremity pain and low back pain. The treating physician is requesting cervical and lumbar magnetic resonance imaging with sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

**Decision rationale:** The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the upper back and right arm, lower back pain that went into the left knee, and problems with sleeping. There was no discussion or recorded examination findings consistent with a nerve problem involving this region of the back, suggesting this study was needed in preparation for surgery, or other supported issues. There also was no discussion detailing how this study would affect the worker's care or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

**Decision rationale:** The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the upper back and right arm, lower back pain that went into the left knee, and problems with sleeping. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.

**MRI sedation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Choy Y, et al. Treatment for specific phobias of medical and dental procedures in adults. Topic 83458, version 4.0. UpToDate, accessed 05/31/2015.

**Decision rationale:** MRI involves images taken using a computer while being in a narrow tube in a machine. Some people have severe anxiety associated with being in the machine. This can

sometimes be treated by changing the person's positioning in the machine, with psychotherapy, or with the use of a medication in the benzodiazepine class. The latter treatment can have negative effects or complications and should only be used in select cases. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the upper back and right arm, lower back pain that went into the left knee, and problems with sleeping. There was no discussion suggesting the worker had anxiety associated with being in a MRI machine or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sedation during a MRI is not medically necessary.