

<b>Case Number:</b>	CM13-0034957		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of June 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar MRI imaging of September 3, 2013, notable for 3 to 4 mm disk protrusions at L5 S1 with associated neuroforaminal compromise without spinal stenosis; unspecified amounts of myofascial release therapy and manipulative therapy; fairly protracted periods of time off of work; and subsequent return to modified work. It is unclear whether the applicant's limitations have been accommodated by the employer, however. In a utilization review report of October 2, 2013, the claims administrator denied a request for thoracic MRI imaging, citing non-MTUS ODG Guidelines. The applicant later appealed. On October 12, 2013, the attending provider stated that thoracic MRI imaging should be employed to rule out any soft tissue damaging including any disk protrusion as found on the previous lumbar MRI. The applicant's primary treating provider is a chiropractor (DC), it is noted. In a spine surgery consultation on November 25, 2013, the applicant spine surgeon states that the applicant does not appear to have a thoracic disk herniation. It is stated that the pain he is having on the thoracic spine is likely referred pain from the lumbar spine. The disk herniations appreciated about the lumbar spine do not appear to represent surgical targets, the attending provider writes. The applicant is described as retaining 5/5 motor strength about the bilateral upper extremities. On November 5, 2013, the applicant's primary treating provider (PTP), a chiropractor, wrote that he was seeking MRI imaging of the thoracic spine to rule out any protrusions or herniations of the thoracic spine. No neurologic exam was performed on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of thoracic region without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8, MRI imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure. In this case, however, there is no clear-cut evidence of neurologic or nerve root compromise for which thoracic MRI imaging would be indicated. The applicant's spine surgeon wrote that he did not see any evidence of upper extremity weakness on his evaluation and further suspected that a thoracic disk protrusion and disk herniation was unlikely. The applicant's primary treating provider, the principal proponent of the MRI, is a chiropractor who is unlikely to operate upon the applicant. Thus, the applicant does not appear to be a surgical candidate. For all of these reasons, then, the ACOEM criteria for pursuit of thoracic MRI imaging have not seemingly been met. Therefore, the request remains non-certified, on independent medical review.