

Case Number:	CM13-0037970		
Date Assigned:	12/18/2013	Date of Injury:	06/15/2010
Decision Date:	04/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 36 year old male with an injury date on 06/05/2010. According to the 08/20/13 progress report, the patient's diagnoses include mid back and lower back pain, which have increased over the past few months. Progress report by [REDACTED] notes a diagnosis of thoracic spine herniated nucleus pulposus T6-7, T7-8, thoracic spine sprain/strain, lumbar spine with disc protrusion. [REDACTED] operative note is mentioned dated 4/5/12 showing transforaminal epidural steroid injection at T6-7, and T7-8 via thoracic epidural shunt under fluoroscopy. This provided 70-80% pain relief. The patient was evaluated by [REDACTED] [REDACTED] are requesting for an MRI of the thoracic spine. The utilization review determination being challenged is dated 09/03/13 and recommends denial of the MRI of the thoracic spine. Treatment reports were provided 03/14/13- 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-

TWC GUIDELINES ([HTTP://WWW.ODG-TWC.COM/ODGTWC/LOW_BACK.HTM#PROTOCOLS](http://www.odg-twc.com/odgtwc/low_back.htm#protocols)) HAS THE FOLLOWING:

Decision rationale: The patient presents with increasing mid back and lower back pain. The request is for MRI of the thoracic spine. This request was denied by utilization review letter dated 09/03/13 citing lack of "documentation of radiculopathy or other progressive neurological conditions." Although MTUS and ACOEM guidelines do not address thoracic spine issues, ODG guidelines do provide discussion under the Neck/Upper Back chapter, which provides guidance for MRI's. For chronic neck and upper back pain with neurologic signs and symptoms, MRI is recommended. In this request, although the 08/20/13 progress report has the patient continuing to have sharp mid back pain, it does not radiate into the thoracic cavity. Furthermore, the review of the reports would indicate that the patient has had an MRI of T-spine in the past as [REDACTED] report describes herniations at T6-8, for which an injection was already tried. There is no evidence of a new injury, significant change in the patient's neurologic status or symptoms to warrant an updated MRI at this time. Recommendation is for denial.