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| <b>Case Number:</b>   | CM13-0059623 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/01/2011 |
| <b>Decision Date:</b> | 05/02/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2013 |

### 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 Internal 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 39-year-old male with cumulative trauma and date of injury is listed as 09/01/2011-08/01/2013. There is not a specific mechanism of injury listed but alluded that heavy lifting and repetitive movements of his occupation were responsible for his current problems. As of the most recent, comprehensive initial orthopedic report dated 10/22/2013, the claimant is diagnosed with lumbar strain - rule out lumbar radiculopathy, left shoulder impingement - rule out rotator cuff tear, left medial epicondylitis, rule out triangular fibrocartilage and intercarpal ligament tear of left wrist, cervicothoracic spine strain - rule out cervical radiculitis, left carpal tunnel syndrome, and left cubital syndrome. The patient has had physical therapy and is currently using nabumetone and tramadol for pain control. The treating provider has actually requested cervical, thoracic, and lumbar spinal MRI, along with all four limb EMG studies. Unclear the status of the requests but this current request is for MRI of thoracic spine only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**Decision rationale:** The claimant is reported to have multiple areas of pain. Many of these areas are clear and confirmed by either clinical exam, imaging and/or electromyography (EMG) studies. The recent report from 10/22/2013 does not state there is any pathology of the thoracic spine on exam, range of motion, or xray. There is no mention of any thought of nerve root impingement causing pain in the thoracic region. The patient is specifically having issues related to cervical and lumbar regions on imaging and/or exam. The MRI of the thoracic spine guidelines in ACOEM are based on concerns of neurologic compromise or red flag pathology. The patient has no red flag features and a totally normal exam of the thoracic spine. As above, the provided notes do not reflect concern about neurological issues of the thoracic spine (tumor, nerve root impingement, etc.) There is no support of any guidelines to image the thoracic spine by MRI and the current request is not medically necessary.