MAXIMUS Federal Services

| Case Number: | CM13-0071150 | | |
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| Date Assigned: | 01/17/2014 | Date of Injury: | 04/19/2011 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

## 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 injured worker is a 51-year-old man with a date of injury of April 19, 2011. He sustained an injury to his cervical spine. The mechanism of injury was not documented in the medical record. He was re-evaluated on November 6, 2013 for cervical dorsal spine pain with headaches as well as continued symptomatology of the lumbar spine. Pursuant to the progress note dated November 6, 2013, examination of the cervical dorsal spine reveals tenderness to the cervical dorsal paravertebral muscle and upper trapezial muscle with spams. Axial loading compression test and Spurling's test are positive. There is pain and restricted range of motion. There is dysesthesia to C5-C6 dermatomes. Examination of the lumbar spine notes that there is tenderness on the mid to distal lumbar segments. Seated nerve root test is positive. There is dysesthesia in the L5-S1 dermatome. On August 3, 2013, the electrodiagnostic studies of the bilateral upper and lower extremities were performed, which revealed evidence indicative of moderate carpal tunnel syndrome. Electrodiagnostic evidence of ulnar neuropathy was not seen. Electromyographic indication of acute cervical and lumbar radiculopathy was not seen. There is no entrapment neuropathy. Diagnoses include: 1. Electrodiagnostic evidence of bilateral carpal tunnel syndrome, incidental finding. 2. Cervical discopathy with radiculitis. 3. Lumbar discopathy with radiculitis with segmental instability at L5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**THORACIC SPINE MRI WITH AND WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - https://www.acoempracguides.org/ Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); MRI, Thoracic spine

**Decision rationale:** The Official Disability Guidelines enumerate the indications for magnetic resonance imaging of the thoracic spine: Thoracic spine trauma: with neurologic deficit. In this case, the injured worker sustained injury to his cervical spine with headaches. There were also complaints referable to the lower back. Physical examination revealed tenderness to the cervical dorsal paravertebral muscles and trapezium muscles spasm. There is pain and restricted range of motion. Electrodiagnostic testing of the upper and lower extremities was performed that showed mild bilateral carpal tunnel syndrome. EMG indication of acute cervical and lumbar radiculopathy is not seeing. The treating physician requested an MRI of the thoracic spine with or without contrast. There was no neurologic deficit present. There is no indication for the MRI based on the physical findings and the criteria that a neurologic deficit present in association with thoracic spine trauma. There was neither. Based on the clinical medical record and the peer-reviewed evidence-based guidelines, the MRI Thoracic Spine is not medically necessary.