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| <b>Case Number:</b>   | CM14-0006234 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 06/29/2012 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/16/2014 |

### 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 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 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 40 year old male who has bilateral knee problems and persistent low back pain. The left knee has undergone meniscal debridement and there is a recent requests for right knee arthroscopic surgery and a left sided L4-5 lumbar transforaminal epidural. The treating physician has consistently diagnosed a left sided S1 radiculopathy without any myelopathic findings. The AME evaluator did not find a S1 radiculopathy on his exam. On 3/13/13, a lumbar MRI found degenerative discs at L4-5 and L5-S1. There was some protrusion by no significant stenosis or impingement was reported. For undocumented reasons a thoracic MRI was performed on the same date. There were mild T6-7 degenerative changes. The rest of the thoracic MRI was normal.

### 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 Page(s): 181-183.

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

**Decision rationale:** There is no clinical support for repeating the thoracic MRI. There are no signs or symptoms that refer to the thoracic spine and a prior thoracic MRI was essentially negative showing only mild degenerative changes at a single level. This is a chronic condition and is not specifically discussed in the MTUS chronic pain section so ODG Guidelines were utilized i.e. there has to be specific indications supportive of such testing i.e. neurologic changes (either nerve root or myelopathic) or there should be specific red flag conditions referable to that area of the spine. No red flag or neurologic thoracic conditions are present. Prior testing of this was benign and no changes are documented. Therefore, the request is not medically indicated.