

<b>Case Number:</b>	CM14-0011445		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Orthopedic Surgery 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 52-year-old female who sustained an injury to her low back on 12/29/06. The mechanism of injury was not documented. A clinical note dated 11/18/13 reported that the injured worker continued to complain of thoracic and radicular back pain. Physical examination noted abnormal gait and limited lumbar range of motion. There was no detailed examination of the thoracic spine. The suspected thoracic pathology was not stated. The injured worker was diagnosed with morbid obesity, gastroesophageal reflux disease, bilateral venous stasis dermatitis superimposed on peripheral vascular disease, cervical degenerative disc disease and chronic pain. Per clinical note dated 01/16/14, the injured worker rated her pain at 9-10/10 VAS with associated numbness of the bilateral lower extremities following previous fusion dated 08/28/09.

### 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) LOW BACK CHAPTER, MRIS (MAGNETIC RESONANCE IMAGING)

**Decision rationale:** The request for MRI of the thoracic spine is not medically necessary. The previous request was denied on the basis that there were no initial thoracic films submitted prior to this superior imaging modality request. There was no recent detailed physical examination of the thoracic spine that would indicate any possible pain generators. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no sign of any increased reflex or sensory deficits. Per clinical noted 01/16/14, the injured worker stated that her pain is all the same, equally present on the left side of the head, back and left leg. There were no other significant red flags identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the thoracic spine has not been established.