

<b>Case Number:</b>	CM14-0121217		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 53 year old female who sustained an injury to her back on 08/06/12 while moving a sofa bed in the room of a patient, she experienced pop in her mid-back (indicating about T10) followed by immediate pain. At the time, she continued working and self-treated by taking medication. Initial orthopedic evaluation consultation and treatment note dated 06/23/14 reported that the injured worker had not worked since the date of injury. The injured worker was referred to a chiropractor who treated her with chiropractic adjustments and electrical stimulation therapy, which she found somewhat beneficial. Overall, she remained symptomatic. MRI of the lumbar spine/thoracic spine in 2013 was performed; however, there were no imaging studies provided for review. The injured worker underwent low back MRI in 2012 that did not reveal any striking pathology. Physical examination of the lumbar spine noted spasms/guarding 3+; range of motion forward flexion 10 degrees, bilateral lateral bending 10 degrees, extension 5 degrees; with range of motion, she complained of pain at T10; tenderness at 3 degrees was focal and moderately abnormal; reflexes in the bilateral lower extremities were brisk, slight diminished on the left 2-3 straight leg raise within normal limits; sensory and motor examination of the bilateral lower extremities was non-specific, with no focal deficits, bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the thoracic spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The previous request was denied on the basis that the clinical documentation indicated normal motor and sensory examination that would not indicate consideration of advanced imaging. Rationale for repeat studies has not been provided and evidence of pending surgical intervention is not presented. There was no report of a new acute injury or exacerbation of previous symptoms. The injured worker underwent plain radiographs and MRI of the thoracic/lumbar spine in 2012 and 2013; however, there were no previous imaging studies provided for review. There were no additional significant 'red flags' identified that would warrant repeat studies. Given this, the request for MRI of the Thoracic Spine is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the lumbar 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 (ODG) Low back chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** The previous request was denied on the basis that the clinical documentation indicated normal motor and sensory examination that would not indicate consideration of advanced imaging. Rationale for repeat studies has not been provided and evidence of pending surgical intervention is not presented. There was no report of a new acute injury or exacerbation of previous symptoms. The injured worker underwent plain radiographs and MRI of the thoracic/lumbar spine in 2012 and 2013; however, there were no previous imaging studies provided for review. There were no additional significant 'red flags' identified that would warrant repeat studies. Given this, the request for MRI of the Lumbar Spine is not medically necessary.