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| <b>Case Number:</b>   | CM14-0167368 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 08/16/2013 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/10/2014 |

### 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 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 (IW) is a 57-year-old man with a dated of injury of August 16, 2013. The IW was working as a mechanic. He was transferring a vehicle when he stepped on some plywood. The plywood slipped, and the IW fell about 10 feet incurring multiple site injuries. The injuries included the head, which resulted in a right occipital scalp laceration and brief loss of consciousness. She also contused the chest and back, right shoulder and right hip. No previous history of thoracic spine surgeries noted. The most recent documentation dated August 25, 2014 does not provide treatment history. The documentation does indicate some improvement in the overall condition. The IW describes numbness and tingling in the lower extremities as well as tenderness in the thoracic spine region. Positive straight leg raise is noted on the right. On September 19, 2014, the treating physician indicated the IW has ongoing pain despite therapy and medications. Although there is no neurological deficit, the provider feels like the MRI is necessary to rule out an actionable finding such as disc herniation. The IW has undergone a course of physical therapy, which he initially attended three times a week. After attending only two sessions of therapy, he states that it was restructured and reduces to two times per week for 6 weeks. He states that the therapy did not provide him with any significant improvement with regard to his right upper extremity complaints. In fact, he notes that he had increased pain with numbness and tingling throughout the bilateral upper extremities. Subsequently, the treating physician requested authorization for the IW to undergo MRI scans of the right shoulder, as well as the right wrist. Currently, the IW continues to take medication to include Percocet, Soma, Naprosyn, and Neurontin. He performs home exercises, and is currently not working. With respect to the cervical spine, the IW complains if intermittent pain. His symptoms are mild to moderate in intensity and are characterized as aching. He denies radicular complaints. He notes stiffness and paracervical muscle spasms. He denies any limitation in motion with respect to the

cervical spine. In regards to the thoracolumbar spine, the IW complains of constant, severe, sharp, stabbing pain. He notes severe weakness with pushing, pulling, lifting, and carrying activities. He also notes substantial limited mobility, secondary to pain, with flexion, extension, lateral flexion, and rotational motions of the thoracolumbar spine. He notes radicular pain that extends distally throughout both lower extremities to the feet. He notes numbness and tingling in both feet. He has lost his footing on multiple occasions. He notes diminished motor function throughout the bilateral lower extremities, which is triggered by prolonged weight bearing and prolonged sitting. The IW also complains of thoracolumbar muscle spasms. Objective findings include negative Tinel's sign, Phalen's test, and Finkelstein's maneuver. The thoracic spine was non-tender to direct palpation. There were no muscle spasms present. Straight leg raises were negative bilaterally. Sensory examination was normal in all the dermatomes of the lower extremities bilaterally. There was tenderness to palpation over the right trochanteric bursal region. Diagnoses include partial rotator cuff tear, right shoulder; thoracic strain, lumbar strain, and traumatic bursitis, right hip. According to the treating physician, the IW should have analgesic, and anti-inflammatory medication. Surgery is not indicated at this time. New injuries: The IW states that on the morning of September 16, 2014, he was descending three steps from the house to the garage level. As he was descending the steps, he lost his footing and fell forward, landing on a lounge chair. He states that the incident did not aggravate his symptoms.

### **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 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 Complaints; Magnetic Resonance Imaging.

**Decision rationale:** Pursuant to the Official Disability Guidelines and MRI of the thoracic spine is not medically necessary. The guidelines indicate an MRI of the thoracic spine would be indicated with thoracic spine trauma with a neurological deficit. In this case, the injured worker is noted to have thoracic spine pain status post injury August 16, 2013. The documentation from August 25, 2014 indicates some improvement in the injured worker's overall condition. He complains of numbness and tingling in the lower extremities as well as tenderness in the thoracic spine region. The injured worker does not have physiologic evidence indicating tissue insult or nerve impairment as noted under the Official Disability Guidelines. Additionally there are no neurologic deficits in the thoracic distribution in addition to a detailed examination of the thoracic region that would indicate some underlying neurological impingement. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, the MRI of the thoracic spine is not medically necessary.