

<b>Case Number:</b>	CM14-0185068		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family 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:

This is a 45 years old male patient who sustained an injury on 6/20/2013. The current diagnoses include cervical sprain/ strain, cervical disc protrusion at C5-6, multi-level mild spondylosis and right upper extremity radiculopathy. He sustained the injury while standing underneath a vehicle that was hydraulically lifted, someone start lowering the car, causing the patient be struck in the head by the rear bumper. Per the doctor's note dated 10/21/14, patient had neck pain and right upper extremity radiculopathy. Physical examination revealed tenderness, spasm and reduced range of motion at the cervical spine. The medication list includes naproxen and flexeril. He has had cervical MRI dated 1/16/14 which revealed a 2 mm disc bulge at CS-6 and mild multilevel spondylosis; EMG/NCS right upper extremity dated 7/24/14 which revealed right C5,C6 and C7 cervical radiculopathy. His surgical history includes left knee surgeries. He has had physical therapy visits, acupuncture visits and massage therapy for this injury.

### 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 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG); Neck & Upper Back (updated 11/18/14); Magnetic resonance imaging (MRI).

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." In addition per the cited guidelines indication for thoracic MRI includes "Upper back/thoracic spine trauma with neurological deficit."The records provided do not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. A detailed examination of thoracic spine with significant objective findings is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. A recent thoracic spine X-ray report is also not specified in the records provided. The medical necessity of MRI of the thoracic spine is not fully established for this patient.