

<b>Case Number:</b>	CM14-0026888		
<b>Date Assigned:</b>	03/04/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	03/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of May 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; CT scan imaging of the lumbar spine of May 14, 2013, notable for degenerative disk disease with a disk protrusion at L4-L5 and mild-to-moderate central canal compromise at L4-L5; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 30, 2014, the claims administrator denied a request for an urgent thoracic MRI, noting that the applicant had had a previously negative thoracic MRI which had not been provided for review. The applicant's attorney subsequently appealed. In a December 30, 2013 progress report, the applicant presents with diffuse multifocal pain, including headaches, neck pain, low back pain, shoulder pain, knee pain, acne, and depression. The applicant is having crying spells and emotion lability. The applicant is status post shoulder surgery in July 2011. The applicant exhibits diffuse cervical tenderness, normal heel and toe ambulation, 5/5 lower extremity strength, and 5/5 upper extremity strength throughout. The applicant has had a previous lumbar MRI demonstrating a 6-mm disk bulge and protrusion at the L5-S1 level, it is noted. A PENS unit and medications for acne are sought. It is seemingly stated that the applicant has failed conservative treatment and medications and is not a surgical candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT MRI OF THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back Chapter, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI and/or CT scanning is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, it is not clearly stated that the applicant would consider a surgical remedy were it offered to him. There is no clear evidence of neurologic compromise appreciated, either historically or on exam. The applicant's multifocal pain complaints and depressive symptoms argue against any focal nerve root compromise pertaining to the thoracic spine, as does the applicant's well-preserved 5/5 upper and lower extremity strength. Therefore, the request for urgent MRI imaging of the thoracic spine is not certified, on Independent Medical Review.