

<b>Case Number:</b>	CM14-0032176		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 60-year-old male who reported injury on 03/05/2013. The mechanism of injury was the injured worker was going down a ladder while holding a box with both hands, lost his balance and jumped down landing on both feet and twisting his back. The box landed on the injured worker's left big toe. The injured worker's previous treatments included medications, physical therapy, chiropractic care, and 6 sessions of acupuncture. The injured worker underwent an MRI of the lumbar spine. Documentation of 01/21/2014 revealed the injured worker had bilateral upper back pain. The injured worker had an X-ray of the thoracolumbar spine anterior posterior (AP) and lateral on 03/12/2013 with indications the thoracic vertebral bodies were normal in height and alignment. The anterior posterior (AP) projection demonstrated symmetric pedicles. There were no significant degenerative changes. The bony structures were within normal limits. The intervertebral disc spaces were well preserved, symmetric and maintained. There was no evidence of soft tissue abnormalities. The injured worker underwent an MRI of the lumbar spine in 2013. The diagnoses included strain of the thoracic region. The treatment plan included medications due to muscle spasms of the thoracic back and there was a request made for an MRI of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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 (ODG), Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM Guidelines indicate that the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the injured worker had the emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction as well as a failure to progress in a strengthening program intended to avoid surgery. There was a lack of documentation indicating the study was for clarification of the anatomy prior to an invasive procedure. Given the above, the request for an MRI of the thoracic spine was not medically necessary.