

<b>Case Number:</b>	CM14-0032456		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 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 applicant is a represented 62-year-old who has filed a claim for neck pain, mid back pain, low back pain, knee pain, calf pain, foot pain, and wrist pain reportedly associated with an industrial injury of July 30, 2013. 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; and unspecified amounts of physical therapy. An lumbar MRI imaging of December 16, 2013 was notable for an annular tear at L5-S1 with associated 2-mm posterior disk bulge. In a handwritten request for authorization form dated January 24, 2014, the attending provider seemingly sought authorization for MRIs of the thoracic and cervical spines. The applicant was placed off of work, on total temporary disability. Little or no narrative commentary was provided. In a December 21, 2013 progress note, the applicant reported persistent complaints of neck pain radiating to the arm, bilateral wrist pain, low back pain, and leg pain, collectively rated as 6/10. The applicant was not working. The applicant exhibited well-preserved 5/5 lower extremity strength, with a normal gait. 5/5 upper extremity strength was also appreciated. The applicant was placed off of work, on total temporary disability.

### 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 Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the MTUS Guideline in ACOEM chapter 8, does recommend an MRI or CT scanning to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no clear evidence of neurologic compromise associated with the thoracic spine which would compel MRI imaging of the same. The applicant is described as possessed of well-preserved, 5/5 bilateral upper and bilateral lower extremity strength, with a normal gait. There is no evidence that the applicant has any bona fide neurologic compromise referable to the thoracic spine. It is not clearly stated that the applicant would act on the results of the study in question and/or consider a surgical remedy or other interventional procedure were it offered to him. Therefore, the request is not medically necessary.