

<b>Case Number:</b>	CM14-0039605		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Practice 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 claimant is 59 year old female who sustained a work injury on involving the neck, shoulders and low back. A progress note on 2/24/14 indicated the claimant had 4/10 pain with medication. Exam findings were notable for slight decreased range of motion of the cervical spine, diffuse sensory loss from L3-S1 levels in the legs, positive straight leg raise, limited range of motion of the lumbar spine, and palpatory tenderness of the shoulders. The physician requested 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 72146:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar & Thoracic

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended

for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the Thoracic Spine is not medically necessary.