

<b>Case Number:</b>	CM14-0053926		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/30/2006
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 54-year-old male who was reportedly injured on January 30, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicated that there were ongoing complaints of headaches, right shoulder pain, cervical spine pain, and thoracic spine pain. Current medications include hydrocodone, naproxen, omeprazole and Fexmid. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the cervical paraspinal muscles. There was also tenderness over the paraspinal muscles of the thoracic and lumbar spine. Neurological examination indicated decreased sensation at the right C5, C6, and C7 dermatomes as well as the right L4, L5, and S1 dermatomes. Diagnostic nerve conduction studies indicated no evidence of a cervical or lumbar radiculopathy. A cervical spine magnetic resonance image (MRI), dated March 16, 2011, indicated mild degenerative disc disease with small focal central protrusions and no evidence of canal or neural foraminal stenosis. A MRI of the lumbar spine, dated April 14, 2011, indicated degenerative disc disease and facet arthropathy with a spondylolisthesis at L4-L5 and L5-S1. There was also evidence of displacement of the right S1 nerve root at L5-S1. A MRI of the thoracic spine on the same date showed degenerative disc disease and focal disc protrusions at C3-C4, T7-T8, T8-T9 and T10-T11. Previous treatment included physical therapy, acupuncture, and psychological treatment. A request was made for a MRI of the lumbar and thoracic spine and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar and Thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI's.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, MRI, updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a repeat Magnetic Resonance Image (MRI) is not routinely recommended and should be reserved for significant change in symptoms and/or physical examination findings suggestive of a significant pathology such as tumor, infection, fracture, neurocompression or recurrent disc herniation. There is no documentation in the medical record that the injured employee has had a significant change in symptoms or physical examination findings from prior. Considering this, the request for an MRI of the Lumbar and Thoracic Spine is not medically necessary.