

<b>Case Number:</b>	CM14-0059152		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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 23-year-old male who was reportedly injured on March 7, 2013. The mechanism of injury reported was being struck in the mid and low back by 5-8 stacked doors. Diagnostic findings included conventional radiographs and a lumbar magnetic resonance image (MRI). Treatment has included physical therapy, pharmacotherapy, home exercises and epidural injections. A progress note dated February 21, 2014 from the orthopedic institute spine specialist, noted that a full orthopedic exam was carried out, but the examination was not disclosed. This progress note indicated that the MRI was reviewed and normal. The diagnoses was lumbosacral strain with worsening bilateral lower extremity radiculopathy. The treatment recommendation was for an MRI of the thoracic spine to see if there might be a problem there. Electrodiagnostic studies of the left lower extremity were also recommended. MRIs of the thoracic and lumbar spine were previously obtained in September 2013. Based on the thoracic MRI report from September 2013, there were no abnormal findings in the thoracic spine with a normal thoracic cord, no disc bulge or herniation, normal thoracic vertebra and patent neural foramina. Physical exam findings from February 5, 2014 and February 26, 2014 revealed positive straight leg raises and decreased sensation in the bilateral thighs and hip flexor's at 4+/5+. Tenderness and spasm was documented in the lumbar spine, with limited lumbar spine flexion. A prior review of this request was not certified in the preauthorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CHEST SPINE W/O DYE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC ODG Treatment/Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) (updated 08/04/14).

**Decision rationale:** The guidelines support repeat MRI studies for a significant change in symptomatology and/or findings suggestive of significant pathology. According to the record provided, the injured worker has already had a thoracic magnetic resonance image (MRI) evaluation on September 9, 2013, with normal results. The progress note, submitted, noted that the request of the thoracic MRI revealed no clinical documentation of subjective or objective findings supporting a significant change in symptoms or significant pathology. Additionally, there is no reference to the prior thoracic spine MRI from September 2013 and no documentation noted to substantiate the medical necessity of a repeat study in the presence of normal findings in September 2013. In the absence of such documentation, the guideline criteria for a repeat MRI of the thoracic spine has not been met, or the necessity justified. As such, this request is not medically necessary.