

<b>Case Number:</b>	CM14-0065782		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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:

According to the records made available for review, this is a 27-year-old male with a 1/15/14 date of injury. At the time (3/27/14) of the request for authorization for MRI of the thoracic spine, there is documentation of subjective observations of back discomfort and objective findings of tenderness throughout his thoracolumbar spine. Current diagnoses include a rule out cervicothoracic lumbar disease, and treatment to date has consisted of medication and activity modification. There is no documentation of a condition/diagnosis, with supporting subjective/objective findings, for which an MRI is indicated, such as thoracic spine trauma with neurological deficit.

### 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 Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The MTUS, in reference to ACOEM guidelines, identifies criteria necessary to support the medical necessity of MRI; these include documentation of red flag diagnoses

where plain film radiographs are negative, objective findings that identify specific nerve compromise on neurologic examination, failure of conservative treatment, and serious consideration of surgery. ODG identifies documentation of a condition or diagnosis (with supporting subjective/objective findings) for which MRI is indicated (such as thoracic spine trauma with neurological deficit) in order to establish the medical necessity of thoracic spine MRI. Within the medical information available for review, there is documentation of diagnoses of rule out cervicothoracic lumbar disease. However, there is no documentation of a condition/diagnosis, supported by subjective and/or objective findings, for which an MRI is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the thoracic spine is not medically necessary.