

<b>Case Number:</b>	CM14-0073173		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 02/09/2013. The injury reportedly occurred when an elevator suddenly malfunctioned and dropped approximately 3 to 5 feet and he subsequently fell to the floor striking his left foot protecting his right leg and sustaining what seems to be a hyperextension injury to his lumbar and cervical spine. Diagnoses include chronic cervical musculoligamentous strain, chronic lumbar musculoligamentous strain with radicular complaints, and chronic rotator cuff tendinosis and probable left rotator cuff tear. Past treatments include medication. There was no pertinent surgical history. On 05/06/2013, the injured worker stated he underwent diagnostic studies that included an EMG and MRI of the cervical spine lumbar spine, left shoulder, brain and left and right hip (these were performed 04/25/2013 through 08/29/2013). Previous treatments included 6 physical therapy treatments. Medications were noted to include amitriptyline 10 mg at bedtime, Aleve 2 tablets twice a day, and Ativan 1 mg at bedtime, and metformin for his diabetes. The injured worker complained of neck pain with movement and grinding, headaches on a consistent basis, dizziness when walking or moving his head, upper back pain throbbing and stiffness, clavicular pain, lower back pain radiating into the left leg and having difficulty with bending. He also had left shoulder pain and difficulty and pain attempting to rotate the left shoulder with occasional numbness in his left hand and fingers. He also complained of gastrointestinal issues which included occasional fecal incontinence, depression, and anxiety. He has difficulty doing activities of daily living. The injured worker had previously received imaging of the cervical and lumbar spine which revealed degenerative disc disease in multiple levels. The request is for MRI of thoracic spine. The rationale was not provided. The request for authorization is dated 05/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

**Decision rationale:** The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine (ACOEM) guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause magnetic resonance imaging (MRI) for neural or other soft tissue. There is lack of documentation as to the medical necessity. The guidelines require psychological evidence of tissue insult in the form of positive neurological findings on clinical examination. There is lack of documented evidence to justify advanced imaging of the thoracic spine. There is lack of documentation to confirm neurological findings referable to the thoracic spine. The request is not supported by the guidelines. As such, the request is not medically necessary and appropriate.