

<b>Case Number:</b>	CM14-0083680		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This 31 year-old patient sustained an injury on 12/21/12 while employed by [REDACTED]. Diagnoses include T12 Chance Fracture/ Thoracic pain and Lumbar radiculopathy. The report on 4/22/14 noted significant mid back pain rated at 6-8/10 with prolonged standing and difficulty performing household chores. The Pain radiates to the right flank and rib cage area and also radiates down right thigh to medial calf and ankle. An Exam documented motor strength of 5/5 with bilateral knee extension/flexion; ankle dorsiflexion/plantar flexion and Extensor hallucis longus; diffuse decreased sensation down right thigh and knee; with Deep tendon reflexes symmetrical at 2+ bilaterally. It was suggested for the patient to lose 25-50 pounds because this would have a dramatic effect in decreasing the lower back pain. The provider noted the patient had underwent T10-L2 fusion and laminectomy in March 2013 with no documentation of post-operative complications. A Computerized Tomography (CT) scan of lumbar spine reviewed on 4/22/14 noted post-laminectomy T10-L2 with posterior pedical fusion; chronic wedge compression fracture at T12; multilevel thoracic spondylosis. Conservative care includes medications, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and modified activities with rest. The request for MRI without contrast, Thoracic spine was not medically necessary on 5/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, Thoracic spine: 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, low back, lumbar & thoracic (Acute & Chronic) (updated 03/31/2014), MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303-304. The Expert Reviewer's decision rationale: This 31 year-old patient sustained an injury on 12/21/12 while employed by [REDACTED]. Diagnoses include T12 Chance Fracture/ Thoracic pain and Lumbar radiculopathy. The report on 4/22/14 noted significant mid back pain rated at 6-8/10 with prolonged standing and difficulty performing household chores. The Pain radiates to the right flank and rib cage area and also radiates down right thigh to medial calf and ankle. An Exam documented motor strength of 5/5 with bilateral knee extension/flexion; ankle dorsiflexion/plantar flexion and Extensor Hallucis Longus; diffuse decreased sensation down right thigh and knee; with Deep tendon reflexes symmetrical at 2+ bilaterally. It was suggested for the patient to lose 25-50 pounds because this would have a dramatic effect in decreasing the lower back pain. The provider noted the patient had underwent T10-L2 fusion and laminectomy in March 2013 with no documentation of post-operative complications. CT scan of lumbar spine reviewed on 4/22/14 noted post-laminectomy T10-L2 with posterior pedicle fusion; chronic wedge compression fracture at T12; multilevel thoracic spondylosis. Conservative care includes medications, physical therapy, TENS unit, modified activities/rest. The request for and MRI without contrast, Thoracic spine was non-certified on 5/5/14. ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states, "criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy." The patient has chronic symptom complaints with diffuse non-correlating neurological findings with intact motor strength and diffuse non-dermatomal decreased sensation. The provider recommended the patient to lose weight which would assist in the pain complaints. Recent CT scan showed no remarkable acute findings beside post-operative changes. An apparent MRI of the lumbar spine was done which did not show any remarkable canal and neural foraminal stenosis. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast, Thoracic spine is not medically necessary and appropriate.