

<b>Case Number:</b>	CM14-0133992		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	07/08/1993
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female patient with a date of injury of July 8, 1993. The diagnoses include chronic back and radicular pain. Per the doctor's note dated July 15, 2014, she had complaints of lower back pain with radiation to the lower extremities. The patient has not returned to work. The physical exam on July 15, 2014 revealed increased muscle tone of the lumbar spine bilaterally, and decreased range of motion of the lumbar spine. There was no documentation of an examination of the thoracic spine. The medications list includes prevacid, Endocet, Baclofen, Soma, Trazodone, Avinza, and Neurontin. Her surgical history includes appendectomy in 1978, left wrist surgery in 1995 and two lumbar spine fusions in 1999 and in 2001. She had transcutaneous electrical nerve stimulator unit for this injury. The physician documented that the patient would be a candidate for a spinal cord stimulator trial and that magnetic resonance imaging of the thoracic spine was needed for a detailed knowledge of the anatomy for placement of the leads. The original utilization review (August 4, 2014) non-certified a request for magnetic resonance imaging of the thoracic spine.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [https://www.acoempracguides.org/Cervical and Thoracic Spine Table 2 Summary of Recommendations Cervical and Thoracic Spine Disorders](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine%20Table%20Summary%20of%20Recommendations%20Cervical%20and%20Thoracic%20Spine%20Disorders).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter: Neck & Upper Back (updated 06/25/15), Magnetic resonance imaging (MRI).

**Decision rationale:** Per the ACOEM guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." In addition per the cited guidelines, indication for thoracic MRI includes "Upper back/thoracic spine trauma with neurological deficit." A magnetic resonance imaging of the thoracic spine was requested for a detailed knowledge of the anatomy for placement of the leads for the spinal cord stimulator trial. A thoracic spine X-ray report was not specified in the records provided. A detailed examination of the thoracic spine was not specified in the records provided. The records provided did not specify any progression of neurological deficits in this patient. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy was not specified in the records provided. The medical necessity of MRI thoracic spine is not established for this patient.