

<b>Case Number:</b>	CM14-0139353		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/20/2010
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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: North Carolina

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:

The injured worker is a 26-year-old female, who sustained an industrial injury on 3/20/2010. Diagnoses include lumbar or lumbosacral disc degeneration, lumbago, thoracic or lumbosacral neuritis or radiculitis and lumbar facet syndrome. Treatment to date has included physical therapy, home exercise, and medications including Miralax, Norco 10/325mg, Fentanyl, Ibuprofen and Topamax. Per the Primary Treating Physician's Progress Report dated 7/28/2014, the injured worker reported lower back pain rated as 6/10. Her average pain was rated as 3/10 with medications and 8/10 without medications. Physical examination of the lumbar spine revealed restricted range of motion with flexion limited to 90 degrees due to pain, extension limited to 15 degrees due to pain, and lateral rotation to the left and right limited to 45 degrees. Straight leg raise was positive on the right side sitting at 45 degrees. The plan of care included injections and diagnostics. Authorization was requested for magnetic resonance imaging (MRI) 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 of the 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), MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM Practice Guidelines states that criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The criteria for thoracic spine imaging have not been met in the provided clinical documentation. Therefore, the request is not medically necessary.