Case Number:	CM14-0146451		
Date Assigned:	09/12/2014	**Date of Injury:**	06/29/2006
Decision Date:	01/28/2015	**UR Denial Date:**	08/29/2014
Priority:	Standard	**Application Received:**	09/09/2014

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 Internal 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:

The patient is an injured worker with neck and back complaints. Regarding the mechanism of injury, the patient was injured when she turned toward another person. Date of injury was June 29, 2006. The primary treating physician's progress report dated June 5, 2014 documented subjective complaints of pain in the mid back and low back with numbness and weakness of the lower extremities, right side greater than left. She denies any pain in her neck. She rates the severity of her pain as an 8 overall without medication or therapy. Her pain is reduced to 5, with medications. She states that acupuncture therapy has previously afforded her significant pain relief lasting two months. Objective findings were documented. Physical examination reveals muscular spasm over the cervical spine region. There is no tenderness to palpation noted. Examination of the thoracolumbar spine reveals stiffness of the facet joints associated with muscular guarding over the paraspinal musculature. Diagnoses were cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, stress, insomnia, fibromyalgia, and fatigue. Treatment plan was documented. The patient was in the chronic phase of treatment. She has shown subjective improvement in terms of pain along with objective improvement in terms of tenderness with respect to her cervical spine. Regarding her thoracolumbar spine, she has not shown subjective improvement in terms of pain or objective improvement in terms of tenderness or range of motion. She has shown functional restoration in terms of activities of daily living with her cervical spine, but not in terms of work ability with her thoracolumbar spine. She has developed secondary treatable sequelae of insomnia and gastric side effects from the primary injury. The patient appears to have benefited to a degree from the current medications and requires the continuation of the medications for the maintenance of her activities of daily living. Prescriptions were provided for Tramadol, Diclofenac, Omeprazole, Cyclobenzaprine, and Mirtazapine. The patient has benefited from

acupuncture therapy in the past. The patient was for a course of acupuncture therapy two times per week for four weeks to help alleviate some of her mid back and low back pain. In view of the patient's persistent mid back and low back and positive physical examination findings, the patient was referred for consultation with a pain management specialist for evaluation of further nonsurgical options for her thoracolumbar spine. The patient was referred for consultation with a psychologist/psychiatrist for evaluation and possible treatment of her symptoms of stress in relation to her chronic pain. The patient's condition remains permanent and stationary. Utilization review determination date was August 29, 2014.

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 Page(s): 165, 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses thoracic spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The primary treating physician's progress report dated June 5, 2014 was the latest progress report present in the submitted medical records. Physical examination revealed muscular spasm over the cervical spine region. There is no tenderness to palpation noted. Examination of the thoracolumbar spine revealed stiffness of the facet joints associated with muscular guarding over the paraspinal musculature. The 6/5/14 progress report did not document red flags. Physical examination did not demonstrate neurologic deficit. No history of trauma to the thoracic spine was noted. There was no evidence of tumor or infection. No x-ray radiography of the thoracic spine was documented. Because red flags were not evidenced, the request for thoracic spine MRI magnetic resonance imaging is not supported. Therefore, the request for MRI of the thoracic spine is not medically necessary.