

<b>Case Number:</b>	CM15-0002612		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal Medicine

### 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 60 year old female, who sustained an industrial injury on 12/10/2010. The diagnoses have included cervical spine strain, thoracic spine strain and lumbar spine disc bulge. Treatment to date has included physical therapy, chiropractic treatments, Extracorporeal Shockwave Therapy (ESWT) for thoracic spine pain and pain medications. According to the Primary Treating Physician's Progress Report dated 11/12/2014, the injured worker complained of pain in the neck, upper back and low back. Physical exam revealed light touch sensation intact. Authorization was requested for magnetic resonance imaging (MRI) of the thoracic spine. On 12/8/2014, Utilization Review (UR) non-certified a request for Magnetic Resonance Imaging (MRI) Of the Thoracic Spine. The Official Disability Guidelines (ODG) were cited.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation neck pain.

**Decision rationale:** Per ODG, MRI indications for neck pain are: Chronic neck pain, after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical finds suggest ligamentous injury or sprain, radiographs and/or CT is normal known cervical spine trauma or equivocal or positive plain films with neurologic deficit-upper back/thoracic spine trauma with neurologic deficit. Per guidelines cited and from the review of the clinical documentation provided, the patient had MRI of cervical spine which demonstrated stenosis. The patient also had further testing with EMG and NCV. It is unclear as to what further testing with an MRI of the thoracic spine would further elucidate. This would not be indicated at this time.