

<b>Case Number:</b>	CM15-0002691		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/18/2014
<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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 24-year-old male who reported an injury on 10/01/2013 after being run over by a [REDACTED] and being dragged 13 feet. Documented treatments have included medications and physical therapy. On 11/18/2014, he presented for a re-evaluation. It was stated that he had not been in therapy and had been doing his home exercise program and taking medications. His medications included Motrin 800 mg and Norco 10/325 mg. A physical examination was not documented. He was diagnosed with chronic neck and upper back pain, chronic low back and left lower extremity pain, bilateral hand pain, improved, chest pain, chipped teeth, and psychiatric sequel. A request for an MRI of the thoracic spine. The Request for Authorization form was signed on 11/24/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to the California MTUS Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who don't respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is lack of documentation showing that the injured worker has tried and failed all recommended conservative treatment options to support the request for an MRI of the thoracic spine. In addition, there is a lack of documentation from the most recent clinical note showing that he has any significant functional deficits that would support the request for an MRI of the thoracic spine. In addition, there were no indications that the injured worker was considering surgery as an option. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.