

<b>Case Number:</b>	CM15-0006888		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male who sustained an industrial injury on 09/03/2013. He continues to complain of neck and upper back pain. Diagnoses include thoracic strain and spondylosis, lumbar strain, lumbar disc protrusions L4-L5, and L5-S1, thoracic disc protrusions T4-T5, T5-T7, and T9-T10, and cervical strain. A physician note dated 09/08/2014 documents the injured worker has decreased range of motion to the lumbar spine and low back pain with flexion and extension. Electromyography and nerve conduction studies were normal. On 10/16/2014 the injured worker complains of constant low back pain that radiates to the bilateral buttocks, posterior thigh and calves. There is burning pain in the plantar aspect of the right foot and to lesser degree in the left foot. Pain is rate 1 out of 10. Reportedly a Magnetic Resonance Imaging of the thoracic spine was done on 4/16/2014 and it revealed a 3-4mm extruded disc herniation of the left C6-7. Treatment has included physical therapy, home exercises, medication, and epidural injections. The treating provider has requested a Magnetic Resonance Imaging of the thoracic spine without dye. On 12/16/2015 the Utilization Review non-certified the request for an Magnetic Resonance Imaging of the thoracic spine citing American College of Occupational and Environmental Medicine (ACOEM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Chest Spine w/o Dye:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** This patient presents with neck pain and upper back pain. The treater has asked for MRI Chest Spine W/O Dye but the requesting progress report is not included in the provided documentation. Review of the reports show a thoracic MRI "date unspecified" that showed a 3-4mm disc herniation on the left at T6-7, which treater reviewed on 6/4/14 report. In the 6/4/14 progress report, the treater states that a request for a T-spine MRI was denied on a utilization review letter dated 4/16/14. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this case, the patient has radicular symptoms in his right lateral ribs and pain down the left lower extremity. A thoracic MRI would appear reasonable, and this appears to be a retrospective request. The request IS medically necessary.