Case Number:	CM15-0102547		
Date Assigned:	06/04/2015	**Date of Injury:**	03/23/2015
Decision Date:	07/10/2015	**UR Denial Date:**	05/15/2015
Priority:	Standard	**Application Received:**	05/28/2015

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: Preventive Medicine, Occupational 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 (IW) is a 50-year-old male who sustained an industrial injury on 03/23/2015. Diagnoses include thoracic spine pain, annular tear of the lumbar disc and bulging lumbar disc. Treatment to date has included medications. According to the progress notes dated 3/24/15, the IW reported pain in the mid back that started two months before the exam. He stated the pain was increasing in intensity and frequency. He also reported he had low back pain. X-rays of the low back on 11/15/13 noted a fusion at L4-5 and mild anterior wedge compression fractures at T11 and T12. On examination, there were spasms and tenderness to the lumbar spine with straight leg raise positive at 30 degrees. The thoracic paraspinals were tender and range of motion was restricted in side bending and left lateral rotation. He reported an electrical shock sensation in the right thigh and mild numbness in the feet bilaterally. A request was made for 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.

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

Decision rationale: Per MTUS guidelines, special studies are not needed for most patients presenting with true neck or upper back problems, unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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 or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The injured worker had an x-ray of the thoracic spine in 2013 prior to this injury. The x-ray revealed a compression fracture at T-11 and T-12. A recent physical exam revealed pain over the thoracic vertebrae, normal sensory exam, and decreased ROM of the thoracic spine. Other than being prescribed Norco and Flexeril, there is no other conservative treatment for the thoracic spine in the available documentation. The request for MRI of the thoracic spine is determined to not be medically necessary.