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| <b>Case Number:</b>   | CM15-0103968 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 11/18/2013 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/29/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 67 year old female, who sustained an industrial injury on 11-18-2013. The medical records indicate that the injured worker is undergoing treatment for compression fracture T12. According to the progress report dated 4-3-2015, the injured worker presented with complaints of constant, worsening mid back pain. She describes her pain as a dull ache. On a subjective pain scale, she rates her back pain 7-9 out of 10. The physical examination did not reveal any significant findings. The current medications are Tramadol and Flexeril. Previous diagnostic testing includes MRI studies of the thoracic spine (2-25-2015 and 7-24-2014). MRI shows multi-level degenerative disc disease with multiple compression deformities. Treatments to date include medication management, TLSO brace, home exercise program, chiropractic, and electrical stimulation. Work status is not indicated. The original utilization review (5-15-2015) had non-certified a request 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:

**Magnetic Resonance Imaging (MRI) of the thoracic spine, with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the thoracic spine as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the thoracic spine and the request is not medically necessary.