

<b>Case Number:</b>	CM15-0104548		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 37 year old male patient who sustained an industrial injury on 06/15/2010. A recent follow up visit dated 05/01/2015 reported the patient continues with constant low back pain with radiculopathy. Of note he has been authorized for a chronic pain rehabilitation program having had attended a consultation session pending subsequent visits. He states he found the program very helpful promising to help with both his pain and depression issues. Current medications are: Norco 10/325mg, Flexeril, Naproxen, and Prilosec. The impression found the patient with T6-7 and T7-8 right paracentral disc herniation with stenosis status postindustrial injury; T5-6 and T8-9 disc herniation without central canal stenosis; multi-level lumbar disc protrusion more significant over L4-5 and L5-S1; left lumbar radiculopathy; thoracic neuralgia; lumbosacral strain/sprain, and chronic sleep disturbance secondary to pain. The plan of care noted the patient to undergo updated diagnostic testing to determine whether surgical intervention may be of benefit. On 03/26/2015, the patient noted undergoing placement of a percutaneous epidural shunt under fluoroscopy.

### 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. Decision based on Non-MTUS Citation ODG Low Back (updated 04/29/15) Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, pages 303-304.

**Decision rationale:** ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication to repeat this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-progressive or deteriorating neurological findings without acute flare-up or new injury. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the thoracic spine is not medically necessary and appropriate.