

<b>Case Number:</b>	CM15-0132398		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, Hawaii  
 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 49 year old male, who sustained an industrial injury on 9/19/2011. He reported cumulative trauma type injury to the back. Diagnoses include scoliosis acquired versus congenital, chronic pain syndrome, and thoracic degenerative disc disease. Treatments to date include Percocet, Flexeril, and physical therapy. Currently, he complained of ongoing back pain with recent exacerbation, associated with radiation to bilateral lower extremities, right greater than left. He reported neck stiffness with intermittent headaches. He reported three to four emergency room visits, most recently two days prior. On 5/28/15, the physical examination documented tenderness to thoracic spine and bilateral paraspinal muscles. He was unable to stand up straight with grossly limited range of motion. The plan of care included a thoracic spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Online Version) - MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck and Upper Back chapter.

**Decision rationale:** The attending physician report dated 5/28/15 indicates the patient complains of mid back pain, and low back pain with associated radiation to the lower extremities bilateral. The current request is for thoracic MRI. The treating physician report dated 5/28/15 requests authorization for an MRI scan of the thoracic spine. There is documentation of a thoracic MRI dated 8/21/12 that showed mild left neuroforaminal stenosis at T1/2 and T2/3 as well as moderate right neuroforaminal stenosis at T3/4. Additionally there was moderate to moderately severe stenosis from T4 to T11. The MTUS guidelines do not address repeat MRI scans. The ODG guidelines states, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case the treating physician has not documented any red flags or new injury that would require a new MRI scan and there has been no significant change in symptoms. The medical records document an acute exacerbation in his back pain. The IW was neurologically intact and a CT scan was ordered that demonstrated mild discopathy and osteophytes. This is not considered evidence of significant pathology. Even though CT does not demonstrate soft tissue pathology as well as MRI, there is no evidence that the IWs treatment would be changed by anything found on thoracic MRI. The available medical records do not establish medical necessity for a repeat MRI scan of the thoracic spine.