

<b>Case Number:</b>	CM15-0134391		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Connecticut, California, Virginia  
 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 54-year-old female who sustained an industrial injury on 03/08/2013. She reported being struck by a stand weighing about 85 lbs. with loss of consciousness. She had cervical, thoracic, and lumbar pain. The injured worker was diagnosed as having: Lumbar radiculopathy. Cervical radiculopathy. Treatment to date has included physical therapy for the neck and back, epidural injections for the cervical spine. MRI of the cervical spine was done on 04/09/2014, MRI of the lumbar spine was done 02/23/2010, and 06/11/2013, and an electromyogram nerve conduction studies on 07/12/2013 were benign. Diagnoses after the MRIs include: Lumbar disc herniations with neural foraminal narrowing. Lumbar and cervical facet arthropathy. Cervical disc herniations with neural foraminal narrowing. Currently, the injured worker complains of aching, burning pain rated a 9 on a scale of 10. The pain radiates down the left shoulder scapular region, through the left shoulder, down the arm into the left first, second and fifth digits of the hand. She has numbness in those three digits as well. Her left sided lower back pain is sharp in nature. She rates her lower back pain as a 9 on a scale of 10 sometimes reaching a 10 on a scale of 10 with twisting, or walking on uneven surfaces. She has radiation of pain, numbness and tingling in her left lower extremity and ankle. She also reports issues with bowel and bladder incontinence. On examination, the worker has a normal gait; she has diminished range of motion in all planes of the cervical, thoracic, and lumbar spine. Upper and lower extremity sensation was intact with no groin numbness. Her motor exam showed diminished strength in the upper and lower extremities, and she had normal upper and lower extremity reflexes. Current medications include Naproxen. A treatment plan was discussed for a cervical epidural steroid injection, medications for pain, inflammation, and gastric protection, and a transforaminal epidural steroid injection left L4, L5 nerve roots. A request for authorization was made for the following: MRI (Magnetic Resonance Imaging) 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 (Magnetic Resonance Imaging) of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Plain films have not been included in the provided records, and there is no evidence of substantial objective change in exam findings to warrant thoracic imaging based on the clinical picture. Without further indication for imaging, the request for MRI at this time is not considered medically necessary per the guidelines.