

<b>Case Number:</b>	CM15-0134446		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<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: California  
 Certification(s)/Specialty: Emergency 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 is a 28-year-old male, who sustained an industrial injury on 9/30/12. Initial complaint was of his low back. The injured worker was diagnosed as having sprain in the lumbosacral joint; ligament sprain/strain; piriformis syndrome. Treatment to date has included physical therapy; TENS unit; medications. Diagnostics studies included MRI lumbar spine 6/2/15). Currently, the PR-2 notes dated 6/12/15 indicated the injured worker presented for a follow-up of is low back pain with constant pain radiating down the entire length of the right leg. The provider documents the Toradol shot was administered recently helped some (given on 6/4/15). He complains of poor sleep due to pain. The provider as Gabapentin, Flexeril, Omeprazole, Norco, Lexapro and Naprosyn lists his current medications. He had a MRI of the lumbar spine on 6/2/15 and it was normal. The report was submitted for this review. He is currently receiving acupuncture once a week. He can walk usually without a can and can walk a few blocks before needing to rest. He reports he has a Nerve Conduction Study he remembers as being positive. He did see a chiropractor and this provider documents the injured worker received shockwave type treatments, which seemed to make his back pain worse. He ordered a TENS unit trial. The provider is requesting authorization of MRI thoracic spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI thoracic spine without contrast:** 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 and 182.

**Decision rationale:** The requested MRI thoracic spine without contrast is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 177-178 and 182, note the 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;" and "MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." The injured worker has low back pain with constant pain radiating down the entire length of the right leg. The treating physician has not documented: the emergence of a red flag condition; physiologic evidence of neurologic dysfunction; indication of an impending surgical intervention. The criteria noted above not having been met, MRI thoracic spine without contrast is not medically necessary.