

<b>Case Number:</b>	CM15-0141283		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, California

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:

This is a 65 year old male patient who sustained an industrial injury on 9-18-13. The diagnoses include lumbar sprain-strain with intervertebral disc and spondylosis, right shoulder sprain and strain with internal derangement and osteoarthritis, left shoulder sprain and strain with internal derangement and osteoarthritis, right shoulder rotator cuff syndrome, left rotator cuff syndrome, cervical sprain and strain, cervical spondylosis C6-C7, myofascitis, and radiculitis. He sustained the injury while throwing heavy items in to a container. Per another note he fell in dumpster on to debris. Per the doctor's note dated 6/23/2015, he had complaints of cervical and lumbar pain at 7-8/10 with tightness and soreness; right and left shoulder pain. The physical examination revealed cervical spine- tenderness, limited range of motion, positive Spurling test; bilateral shoulders- tenderness, limited range of motion and positive Impingement test; lumbar spine- tenderness, limited range of motion, positive Kemp test. Per an agreed medical exam dated 12-8-14, patient had stab wound on his thoracic spine and stated that he got it when he fell. The physician noted a probable foreign body, stab-puncture wound of the left posterior thoracic spine. The area remains exquisitely tender but had not been studied vis-a-vis a retained foreign body. He reported that it periodically drains pus and lasted so within the last couple of weeks. The low back pain was present all the time and radiates down the left leg. He had difficulty bending at the waist. The physician notes that he requires an MRI of the soft tissues of the mid back, where the existing stab-puncture wound is. The medications list includes Anaprox, Ultracet, Protonix, Cyclobenzaprine and topical creams. In a primary treating physician's report dated 6-23-15, the treatment plan includes an MRI of the thoracic spine. He has had right

shoulder, left shoulder and lumbar spine MRI dated 1/29/2014. He has had chiropractic care, urine toxicology screens, and trigger point injections. Work status is noted as modified duty. The request is 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

**Decision rationale:** Magnetic resonance imaging (MRI) of the thoracic spine. Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." In addition per the cited guidelines indication for thoracic MRI includes "Upper back/thoracic spine trauma with neurological deficit." Per an agreed medical exam dated 12-8-14, patient had stab wound on his thoracic spine and stated that he got it when he fell. The physician noted a probable foreign body, stab-puncture wound of the left posterior thoracic spine. The area remains exquisitely tender but had not been studied vis-a-vis a retained foreign body. He reported that it periodically drains pus Thoracic MRI is medically appropriate to evaluate the patient's infected stab-puncture wound over the thoracic spine area and to evaluate for a possible foreign body. The request of Magnetic resonance imaging (MRI) of the thoracic spine is medically appropriate and necessary for this patient.