

<b>Case Number:</b>	CM15-0161684		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, New York, California  
 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, mid back, shoulder, knee, and low back pain reportedly associated with an industrial injury of March 22, 2012. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for thoracic MRI imaging with and without contrast. The claims administrator referenced a June 22, 2015 progress note and an associated RFA form of the same date in its determination. Non-MTUS ODG Guidelines were cited in the determination. The applicant's attorney subsequently appealed. On July 6, 2015, it was stated that the applicant was planned to undergo knee surgery. The applicant did undergo a knee arthroscopy on July 15, 2015. On June 19, 2015, a medical-legal evaluator stated that the applicant's pain complaints were persistent and disabling. It was acknowledged that the applicant was no longer working as of this point in time. The medical-legal evaluator seemingly opined that the applicant would not return to work. In an RFA form dated June 22, 2015, Percocet, Naprosyn, a shoulder surgery referral, and cervical facet blocks were sought along with the thoracic MRI at issue. In an associated June 22, 2015 progress note, the applicant reported multifocal complaints of bilateral shoulder, elbow, forearm, mid back, low back, and neck pain, highly variable, 5.5 to 9/10. The applicant was on Naprosyn, Prilosec, Norco, Prozac, Lidoderm, and Restoril, it was reported. Well preserved, 5/5 upper and lower extremity motor function were reported. Updated thoracic MRI imaging was sought. The attending provider stated that the applicant had residual thoracic spine pain complains and had a history of an earlier thoracic compression fracture at T9. There was no

mention of how the proposed thoracic MRI would influence or alter the treatment plan. Percocet and Naprosyn were renewed while the applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI thoracic spine with and without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** No, the request for thoracic MRI imaging with and without contrast was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179 does score MRI imaging a 4/4 in its ability to identify and define anatomic defect involving the neck and upper back, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 8, page 178 to the effect that one of the primary criteria for ordering imaging studies is clarification of the anatomy prior to an invasive procedure. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the thoracic spine based on the outcome of the study in question. Rather, the attending provider seemingly stated that he was ordering thoracic MRI imaging for academic evaluation purposes, to determine whether and/or to what extent previously described thoracic compression fractures had or had not healed. There was no mention of how the proposed thoracic MRI would influence or alter the treatment plan. There was no mention of the claimant's willingness to undergo any kind of invasive procedure or surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.