

<b>Case Number:</b>	CM15-0166526		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old female who sustained an industrial injury on 03-17-14. A review of the medical record indicates that the injured worker is undergoing treatment for cervical and thoracic myofascitis, lumbar myospasm and musculoligamentous injury, acute stress disorder, and cervical, thoracic and lumbar sprain and strain. Medical records (2-28-15 to 5-25-15) indicate no change in thoracic or lumbar range of motion. There are not acute changes documented. Per the treating provider the injured worker's back pain decreased from 7/10 to 6/10 (02-28-15 to 05-25-15). On both dates of service the injured worker is described as having tenderness to palpation of the lumbar paravertebral muscles, with muscle spasms of the lumbar paravertebral muscles and thoracolumbar junction. Treatment has included physiotherapy. The injured worker is currently working for her pre-injury employer. Per the provider (05-23-15) the x-rays of the thoracic and lumbar spines are unremarkable, with the cervical spine x-rays showing "degenerative anterior inferior endplate osteophytes off the endplates of C5 and C6." The original utilization review noncertified the MRI of the thoracic spine on 06-27-15 as the documentation of symptoms and findings provided do not adequately support neurologic compromise and thus MIR is not warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro MRI (thoracic spine) (study date 6/27/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

**Decision rationale:** Retro MRI (thoracic spine) (study date 6/27/2015) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients 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. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits that necessitate the request for a thoracic MRI therefore this request is not medically necessary.