

<b>Case Number:</b>	CM15-0169116		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/16/2015
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 7-16-2015. Diagnoses include lumbosacral sprain, cervical bilateral sprain and strain, pain in the right wrist, muscle spasm back and pain back. Treatment to date has included conservative measures including diagnostics, 4 chiropractic visits, modified work, hot and cold application, medications, and physical therapy. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker presented for reevaluation. She has not improved significantly. She is tolerating her current medication. She reported pain in the thoracic spine and right wrist and rated her pain as 5 out of 10. Objective findings included tenderness of the thoracolumbar spine and paravertebral musculature with no spasm and no restriction of range of motion. Work status was modified. The plan of care included continuation of medications and chiropractic. On 8-13-2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the thoracic spine and lumbar spine based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic Chapter, under MRI's.

**Decision rationale:** The patient presents with thoracolumbar pain. Patient states back pain does not radiate. The request is for MRI of the Thoracic Spine. The request for authorization is dated 08/04/15. Physical examination of the back reveals tenderness of the thoracolumbar spine and paravertebral musculature. Normal posture. No weakness of the lower extremities. No loss of lumbosacral lordosis. No spasms of the thoracolumbar spine and paravertebral musculature. No restriction of range of motion of the back. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Straight leg raising test is negative. Patient's medications includes Acetaminophen, Nabumetone, and Orphenadrine. Per progress report dated 08/11/15, the patient is on modified duty. ODG, Low Back Lumbar and Thoracic Chapter, MRI's, states, "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not discuss the request. Review of provided medical records do not show that the patient has had a prior MRI of the Thoracic Spine. Physical examination of the back reveals tenderness of the thoracolumbar spine and paravertebral musculature. Normal posture. No weakness of the lower extremities. No loss of lumbosacral lordosis. No spasms of the thoracolumbar spine and paravertebral musculature. No restriction of range of motion of the back. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Straight leg raising test is negative. In this case, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs.

**Decision rationale:** The patient presents with thoracolumbar pain. Patient states back pain does not radiate. The request is for MRI of the Lumbar Spine. The request for authorization is dated 08/04/15. Physical examination of the back reveals tenderness of the thoracolumbar spine and paravertebral musculature. Normal posture. No weakness of the lower extremities. No loss of lumbosacral lordosis. No spasms of the thoracolumbar spine and paravertebral musculature. No

restriction of range of motion of the back. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Straight leg raising test is negative. Patient's medications includes Acetaminophen, Nabumetone, and Orphenadrine. Per progress report dated 08/11/15, the patient is on modified duty. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not discuss the request. Review of provided medical records do not show that the patient has had a prior MRI of the Lumbar Spine. Physical examination of the back reveals tenderness of the thoracolumbar spine and paravertebral musculature. Normal posture. No weakness of the lower extremities. No loss of lumbosacral lordosis. No spasms of the thoracolumbar spine and paravertebral musculature. No restriction of range of motion of the back. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Straight leg raising test is negative. In this case, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.