

<b>Case Number:</b>	CM15-0180791		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/14/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 38 year old male, who sustained an industrial-work injury on 4-14-15. He reported initial complaints of back pain. The injured worker was diagnosed as having thoracic spine strain and bilateral scapula-thoracic bursitis. Treatment to date has included medication, acupuncture, physical therapy, and injections to the scapula-thoracic bursa. Currently, the injured worker complains of ongoing pain in the thoracic portion of the back with rating of 4 out of 10 and described as intermittent pins and needles and throbbing that gets worse with sitting for long periods. He is presently in acupuncture for treatment. Per the primary physician's progress report (PR-2) on 7-23-15, exam of the thoracic spine notes normal neurological exam, alignment, vascular exam, and range of motion. Bilateral shoulder exam notes normal alignment, minimal tenderness with palpation over the medial borders of the scapulae bilaterally and over the lateral shoulder, full range of motion and negative impingement test. Current plan of care includes diagnostics and to complete acupuncture. The Request for Authorization date was 7-23-15 and requested service to include MRI of thoracic spine without contrast. The Utilization Review on 8-8-15 denied the request due to not meeting the criteria for the study, per ACOEM (American College of Occupational and Environmental Medicine), Cervical and Thoracic Spine Disorders.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of thoracic spine without contrast:** 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 & Thoracic Chapter, under MRIs.

**Decision rationale:** The patient presents with pain in the thoracic portion of the back. The request is for MRI of thoracic spine without contrast. The request for authorization is dated 07/23/15. Physical examination of the thoracic spine reveals skin is intact. Alignment is normal. Range of motion is full. Neurological examination is normal. Vascular examination is normal. He is currently in acupuncture and has completed two visits. Per progress report dated 07/23/15, the patient will continue on modified work. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, under MRIs Section 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 07/23/15, treater's reason for the request is "to rule out any pathology that could be contributing to the pain." Review of provided medical records do not show that the patient has had a prior MRI of the Thoracic Spine. Physical examination of the thoracic spine reveals skin is intact. Alignment is normal. Range of motion is full. Neurological examination is normal. Vascular examination is normal. 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.