

<b>Case Number:</b>	CM15-0188278		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 38-year-old female with a date of injury of February 8, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine pain, thoracic spine sprain and strain, thoracic segmental dysfunction, and thoracic facet syndrome. Medical records dated July 21, 2015 indicate that the injured worker complains of lumbar spine pain rated at a level of 8 out of 10. A progress note dated September 1, 2015 notes subjective complaints of back pain rated at a level of 8 to 9 out of 10, mostly in the upper back and neck. Per the treating physician (September 1, 2015), the employee has not returned to work. The physical exam dated July 21, 2015 reveals limited range of motion with flexion that is "A little bit greater", positive stoop test, positive toe and heel walk, and tenderness to percussion of the paraspinals. The progress note dated September 1, 2015 documented a physical examination that showed positive stoop test, non-antalgic gait, decreased range of motion of the lumbar spine, negative toe walk, positive heel walk, and tenderness to percussion of the paraspinals. Treatment has included at least six sessions of acupuncture, and unknown number of chiropractic treatments, and medications (Ambien since at least July of 2015; Tylenol #3 since at least March of 2015; Tramadol, and Flexeril since at least April of 2015), and transcutaneous electrical nerve stimulator unit. The original utilization review (September 17, 2015) non-certified a request for magnetic resonance imaging of the thoracic spine.

### 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 without Contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Treatment, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) Online Version, Magnetic resonance imaging (MRI) (updated 6/25/2015).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, pgs 177-178 recommends MRI of the thoracic spine when there is a red flag, evidence of tissue insult or neurologic dysfunction. In this case, the cited records do not demonstrate any of these conditions that would warrant an MRI of the thoracic spine. In addition, is not a radiology report of x-rays of the thoracic spine included in the documentation. Therefore, the request is not medically necessary and the determination is for non-certification.