

<b>Case Number:</b>	CM15-0198048		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 injury on 08-05-2014. A review of the medical records indicated that the injured worker is undergoing treatment for thoracic sprain and strain, lumbar sprain and strain and hip contusion. According to the treating physician's progress report on 09-08-2015, the injured worker continues to experience mid and low back pain, non-radiating and rated at 7 out of 10 on the pain scale and feels 60% normal. The injured worker did not get the authorized epidural steroid injection due to his fear of needles. Evaluation noted movement without difficulty and able to perform heel and toe walk. Examination of the thoracic spine noted no bruising with pain to palpation of the lower thoracic spine and paraspinal muscles. Range of motion was normal with pain. Lumbar spine examination revealed no pain to full range of motion and no tenderness to palpation. Straight leg raise was negative bilaterally. Deep tendon reflexes of the knees were within normal limits. Prior treatments have included diagnostic testing (prior thoracic MRI not include in the review), physical therapy (6 out of 8 completed), back brace, psychological evaluation and medications. Current medications were listed as Relafen, Ibuprofen and Voltaren gel. Treatment plan consists of stretching exercises, back support, consider acupuncture therapy and return to work with restrictions and the current request for a repeat thoracic magnetic resonance imaging (MRI). On 09-23-2015, the Utilization Review determined the request for repeat thoracic spine magnetic resonance imaging (MRI) was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat T-Spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** ODG states, "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)." "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." ODG lists criteria for low back and thoracic MRI, indications for imaging -- Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags", Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic-Myelopathy, painful-Myelopathy, sudden onset-Myelopathy, stepwise progressive-Myelopathy, slowly progressive-Myelopathy, infectious disease patient-Myelopathy, oncology patient. The available medical record does not document by physical exam, objective testing, or subjective complaints any red flags or significant worsening in symptoms suggestive of significant new pathology. In fact the medical record notes some improvement since the first MRI and a lack of any radicular symptoms currently. As such, the request for repeat MRI of the thoracic spine is deemed not medical necessary.