

<b>Case Number:</b>	CM15-0200256		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic back and wrist pain reportedly associated with an industrial injury of October 23, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for thoracic MRI imaging. The claims administrator referenced an RFA form received on September 11, 2015 in its determination. The applicant's attorney subsequently appealed. On August 23, 2015, the applicant reported multifocal complaints of neck, mid back, and bilateral wrist pain. Grip strength testing was painful. Naproxen, Protonix, and Flexeril were endorsed. Electrodiagnostic testing of bilateral upper extremities, MRI imaging of cervical spine, and MRI imaging of thoracic spine were all endorsed while the applicant was kept off of work, on total temporary disability. The applicant already had issues with electrodiagnostically confirmed multiple tunnel syndrome noted on earlier electrodiagnostic testing of April 20, 2015, the treating provider reported. There was no mention of how (or if) the proposed thoracic MRI would influence or alter the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the thoracic spine:** Upheld

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

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

**Decision rationale:** No, the request for MRI imaging of the thoracic spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI and CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the thoracic spine based on the outcome of the study in question. The fact that multiple different studies to include cervical MRI imaging, thoracic MRI imaging, and electrodiagnostic testing of bilateral upper extremities were all concurrently ordered strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.