

<b>Case Number:</b>	CM15-0200707		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 25 year old male, who sustained an industrial injury on 12-20-2013. He has reported injury to the mid back. The diagnoses have included mid back pain; and possible facet arthropathy. Treatment to date has included medications, diagnostics, activity modification, home exercise program, and chiropractic therapy. A progress report from the treating physician, dated 08-29-2015, documented an evaluation with the injured worker. The injured worker reported mid back pain; he rates his pain to be 5-8 out of 10 in intensity; the pain is there most of the time; any kind of prolonged activities makes the pain worse; he has had chiropractic treatment only; and he was returned to work. Objective findings included he was alert and oriented; his gait was normal; thoracic paraspinal muscle spasms with tender areas over the mid thoracic facet joints, rhomboids, and infraspinatus muscles was noted; back flexion and extension was about 30-40%; strength was 5 out of 5; and sensation was intact. The treatment plan has included the request for outpatient MRI of the thoracic spine. The original utilization review, dated 09-17-2015, non-certified the request for MRI of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in December 2013 when he slipped while carrying heavy buckets and twisted with injury to the mid back. He was seen by the requesting provider on 08/29/15. He had pain rated at 5-8/10. He was not having any radiating pain, numbness, or tingling. He was not having problems with bowel or bladder control. Physical examination findings were thoracic paraspinal muscle spasms and mid thoracic facet joint tenderness. There was decreased flexion and extension. There was a normal neurological examination. Authorization for a thoracic spine MRI was requested. An MRI of the thoracic spine can be recommended in a patient when there is suspicion of cancer, infection, or other red flags, when there is radiculopathy after at least one month conservative therapy, or in a patient with slowly progressive myelopathy. In this case, there are no complaints or physical examination findings of radiculopathy or myelopathy and no "red flags" that would support the need for an MRI. Plain film x-ray results are not described. The requested MRI scan is not considered medically necessary.