

<b>Case Number:</b>	CM15-0203319		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/05/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 08-05-2015. A review of the medical records indicates that the worker is undergoing treatment for right groin muscle strain, left shoulder joint pain, whiplash injury of the neck, low back pain and left elbow laceration. Computed tomographic (CT) scan of the thoracic spine on 08-05-2015 revealed mild degenerative findings in the slightly kyphotic thoracic spine with no definite acute structural injury. Subjective complaints (08-27-2015, 09-04-2015 and 09-30-2015) included continued neck, upper and lower back pain that radiated around the back like a belt and was worsening. Objective findings (08-27-2015, 09-04-2015 and 09-30-2015) included tenderness of the neck, limited range of motion of the neck, back tenderness at the bilateral trapezius, paraspinal tenderness at L4-S1 bilaterally and slow gait. Treatment has included Norco, Diclofenac, Robaxin and physical therapy which were noted to have failed to significantly relieve pain. The physician noted that a request for authorization of MRI of the thoracic spine was being submitted but there was no rationale given for the request. A utilization review dated 10-08-2015 non- certified a request for MRI thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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), Neck and Upper Back (Acute & Chronic) Chapter, MRI (magnetic resonance imaging).

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

**Decision rationale:** According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. In this case the exam notes cited do not demonstrate any deficit neurologically to the request for MRI. The documentation reports subjective complaints but there is no documented objective findings to suggest a neurologic deficit. In addition, there was no official radiology report of prior thoracic spine x-rays. The request does not meet the criteria set forth in the guidelines and is therefore not medically necessary.