

<b>Case Number:</b>	CM15-0027132		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Illinois, California, Texas  
 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 52-year-old male who sustained an industrial injury on 2/18/13, relative to a fall. The injured worker was diagnosed with cervical facet syndrome, cervical degenerative disc disease, lumbar degenerative disc disease and lumbar radiculopathy. The 1/2/15 treating physician report cited worsening low back and radicular leg pain. There was no documented thoracic examination. Current medications included Celebrex, Robaxin and Cymbalta. Treatment modalities consisted of physical therapy (approximately 9 completed) with minimal benefit, TENS unit, home exercise program, transforaminal epidural steroid injection (ESI) most recent on November 19, 2014 with minimal effect, left cervical branch block C3, C4,C5 on May 14, 2014 with minimal benefit, and medications. The treating physician requested authorization for bilateral hip, and cervical, thoracic, and lumbar spine MRIs. The 1/26/15 utilization review denied certification for thoracic magnetic resonance imaging (MRI) without contrast, as there were no detailed objective findings documented relative to the thoracic spine. Citations used in the decision process were the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG). The 2/19/15 treating physician appeal indicated that the patient had been provided with initial diagnostic evaluation of the cervical spine on 5/31/13, hip/pelvis on 1/28/15, and lumbar spine on 1/29/15. There has been no MRI of the thoracic spine performed. The injured worker was not recovering as expected, and the imaging study must be performed to appropriately address and determine the source of the patient's complaints. He had low back pain with radiculopathy that required updated evaluation. With an MRI of the thoracic spine, complications and aggravations will be detected holistically

and insight will be gained into the pathogenic process. The injured worker had persistent pain despite conservative treatment and medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Thoracic w/out Contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Given the lack of detailed exam findings to the thoracic spine, and lack of details regarding the need for an MRI of the thoracic spine, request not medically necessary at this time. Refer to clinical judgment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low Back ? Lumbar & Thoracic: MRIs (magnetic resonance imaging)

**Decision rationale:** The California Medical Treatment Utilization Schedule ACOEM guidelines provide criteria for ordering cervical and thoracic spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The Official Disability Guidelines recommend thoracic spine MRIs when there is a history of trauma and clinical findings of a neurologic deficit. Guideline criteria have not been met. There is no current evidence of a red flag or specific thoracic spine trauma. There is no clinical exam evidence suggestive of tissue insult or neurologic dysfunction relative to the thoracic spine. Therefore, this request is not medically necessary.