

<b>Case Number:</b>	CM15-0210348		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: California, Indiana, New  
 York Certification(s)/Specialty: Internal 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 injured worker is a 38 year old male who sustained an industrial injury on 8-31-11. He is working on modified duty (7-24-15). The medical records indicate that the injured worker has been treated for lumbosacral spondylosis; lumbar disc displacement without myelopathy; post laminectomy syndrome, lumbar spine; long term use of medications. He currently (9-18-15) complains of persistent low back pain and ongoing pain into the right lower extremity extending to the calf and heel. He reports a pain level of 5 out of 10 with Norco and 7-8 out of 10 without Norco. His pain levels were consistent from 6-26-15 through 9-18-15. The physical exam showed spasm and guarding around the right T10 paraspinal muscles (9-2-15 note). The prior physical exam (7-2-15) revealed burning dyesthesia in an S1 distribution in the right lower extremity with a positive straight leg raise. He has had MRI of the lumbar spine (3-2-15) with abnormalities; x-ray (7-2-15) showed an old compression fracture at T11. The 9-18-15 progress note indicates that a thoracic MRI was requested to determine patency of the canal for lead placement related to spinal cord stimulator. Treatments to date include status post lumbar spine surgery; lumbar epidural steroid injections after surgery with benefit for 2 months; right transforaminal epidural steroid injection (5-12-15); transcutaneous electrical nerve stimulator unit with benefit; medications: Pantoprazole, hydrocodone-apap, gabapentin, cyclobenzaprine. The request for authorization dated 7-31-15 and 9-3-15 was for thoracic MRI. On 10-2-15 Utilization Review non-certified the request for thoracic MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic MRI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

**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 section, Thoracic spine Low back section, spinal cord stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnosis is status post L5-S1 laminectomy/decompression February 26, 2013. Date of injury is August 31, 2011. Request for authorization is September 30, 2015. According to a September 2, 2015 progress notes, the documentation indicates an MRI of the thoracic spine was denied. The guidelines recommend a repeat MRI when there is a significant change in symptoms and/or findings suggestive of significant pathology. The documentation suggests the injured worker underwent a prior MRI thoracic spine. The injured worker received conservative treatment with subsequent spine surgery February 2013. Nonsteroidal anti-inflammatory drugs resulted in an upper G.I. bleed. Objectively, there are no left-sided motor or sensory deficits. There is significant distal lumbar pain is worse with extension. Range of motion is decreased. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The documentation indicates the thoracic MRI is a prerequisite to the spinal cord stimulator trial. The study is purely to assess there are no obstructions in his mid back and the leads can be placed. The documentation indicates the spinal cord stimulator trial was not authorized. Additionally, the routine use of a thoracic MRI as clearance for a spinal cord stimulator is not clinically indicated and does not appear in the Guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline on recommendations for a thoracic MRI as clearance for a spinal cord stimulator and no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation, MRI of the thoracic spine is not medically necessary.