

<b>Case Number:</b>	CM15-0037164		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/14/1999
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Maryland, District of Columbia  
 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 52 year old, male patient, who sustained an industrial injury on 05/14/1999. A progress note dated 11/11/2014 reported complaint of chronic back pain. The patient is status post lumbar spine surgery. He is prescribed Gabapentin 300mg one week and 600mg the following and Norco 10/325mg. He also had been on a dose of Prednisone with some temporary relief of symptom, had injections, spinal cord stimulator and home exercise. A request was made for a magnetic resonance imaging of thoracic spine. On 02/02/2015, Utilization Review non-certified the request, noting no citation. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Thoracic Spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and thoracic, MRIs.

**Decision rationale:** The employee was a 52-year-old male who sustained an industrial injury on 05/14/1999 while lifting a workbench walking backwards and injuring his back. His history was significant for L4-S1 fusion in 2000. His prior treatments also included facet joint injections, nerve blocks, trial of spinal cord stimulation and medications. A prior MRI of the thoracic spine from 04/23/12 showed mild thoracic spondylosis. He reported central thoracic, lower central thoracic, lumbosacral central with right heel and toe tingling intermittently. The pain was intermittent, quick, shooting, daily, constant, aching, stabbing and throbbing with numbness and weakness. It was associated with radicular pain, paresthesias, extremity weakness, imbalance and pain related insomnia. Current medications included Xanax, Ibuprofen, Gabapentin and Trazodone. On examination, he was noted to have direct tenderness to palpation over the mid thoracic spinous process 1 level below the inferior angle of the bilateral scapulae in the standing position and also tenderness to palpation over the spinous process at T12-L1 area and over the lumbosacral junction. Facet loading maneuvers were positive at upper lumbar and thoracic spines. Deep tendon reflexes and motor strength as well as sensory examination were within normal limits. Diagnoses included thoracic and lumbar pain status post L3 to S1 fusion. His pain was worse since his last MRI in 2012 and hence updated thoracic and lumbar spine MRIs were requested. According to ODG, MRIs are the test of choice for patients with prior back surgery. Repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. Further the criteria for MRI include uncomplicated low back pain, prior lumbar surgery. The employee had thoracic pain, spine tenderness and prior surgery with worsening pain since his last MRI. Hence, the request for a repeat thoracic MRI is medically necessary and appropriate.