

<b>Case Number:</b>	CM15-0060723		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 10/20/2000. The injured worker is currently diagnosed as having thoracic strain, lumbar radiculopathy, cervical strain, cervicogenic headaches, right hip strain, status post left shoulder surgery, secondary depression, secondary insomnia, gastroesophageal reflux disease, and temporomandibular joint dysfunction. Treatment to date has included lumbar spine MRI, thoracic spine MRI, cervical spine MRI, left shoulder MRI Arthrogram, right hip MRI, left shoulder surgery, trigger point injections, physical therapy, and medications. In a progress note dated 08/06/2014, the injured worker presented with complaints of mid back, neck, low back, right hip, and left shoulder pain. The treating physician reported requesting authorization 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:

**MRI of The Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. Patient received an MRI of the thoracic spine in 2011 and 2014, which were notable for slight disc protrusions at T5-T7. Otherwise negative. Routine use of MRI for follow-up is not recommended. MRI of The Thoracic Spine is not medically necessary.