MAXIMUS Federal Services

| Case Number: | CM15-0063163 | | |
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| Date Assigned: | 04/09/2015 | Date of Injury: | 11/14/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

## 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
Certification(s)/Specialty: Internal Medicine, Rheumatology

## 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 30-year-old male patient who sustained an industrial injury on 11/14/2013. A primary treating office visit dated 03/02/2015 reported subjective complaint of neck pain that radiates to shoulders, mid and low back pain that radiates to legs. He reports having had no improvement with either chiropractic or acupuncture treatment. He is diagnosed with cervical strain; thoracic disc disease and lumbar disc disease. Previous diagnostic testing to include: radiography, electronerve conduction study, urnalysis, and magnetic resonance imaging. The plan of care-involved consultation with spine specialist, obtaining updated magnetic resonance images of thoracic and lumbar spine and follow up on 04/12/2015. A primary treating office visit dated 02/28/2014 reported the patient with subjective complaint of intermittent moderate, achy, sharp, stabbing neck pain that radiates to the right arm. He also is with complaint of upper/mid back and low back pain that radiates to the right lower extremity. He is diagnosed with cervical musculoligamentous injury; cervical radiculopathy; thoracic musculoligamentous injury; lumbar musculoligamentous injury and lumbar radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 30 year old male has complained of neck pain and low back pain since date of injury 11/14/13. He has been treated with chiropractic therapy, acupuncture, physical therapy and medications. The current request is for MRI of the lumbar spine. Per the ACOEM guidelines cited above, Per the MTUS guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. This patient had previous imaging (MRI of the lumbar spine) performed. There have been no changes on physical examination documented since that time and no documentation of any new trauma or incident to warrant repeat imaging. Furthermore, the rationale for obtaining repeat imaging is not documented. Based on the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.

**MRI (magnetic resonance imaging) of the Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 30 year old male has complained of neck pain and low back pain since date of injury 11/14/13. He has been treated with chiropractic therapy, acupuncture, physical therapy and medications. The current request is for MRI of the thoracic spine. Per the ACOEM guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There have been no changes on physical examination documented and no documentation of any new trauma or incident to warrant repeat imaging. Furthermore, the rationale for obtaining repeat imaging is not documented. Based on the available medical records and per the MTUS guidelines cited above, MRI of the thoracic spine is not indicated as medically necessary.