

<b>Case Number:</b>	CM15-0081898		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/14/1995
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 56 year old male who sustained an industrial injury on 08/14/1995. The worker's original injury involved flipping a quad runner that landed directly on top of him. The injured worker was diagnosed as having late effect strain, thoracic subluxation, lumbar subluxation, pelvic subluxation, and myofasciitis. Treatment to date has included chiropractic care and home exercise. Currently on 3/30/15, the injured worker complains of a flare up of the pain in the lumbar to mid-thoracic region. He rates this pain at a 7, and the pain is constant. Currently there are no medications listed as being taken on a routine basis. He sustained an acute flare up when he was walking down big step. When his foot hit the ground, he felt a tearing sensation in the left distal calf muscle and pain extending from his low back to mid thoracic areas. His examination shows a negative straight leg raise bilaterally, the lumbar range of motion is 45 degrees flexion, 15 degrees extension, 20 degrees bilateral lateral bend, 10 degrees left rotation and 25 degrees right rotation with complaint of pain in the lower dorsal region. There is subluxation at T5-12, L5 and sacrum, pelvis. The upper quarter shows moderate tightness, and the lower quarter moderate tightness. The worker is requesting treatment for the flare up and a MRI of his lumbar and thoracic spinal regions. A request for authorization is made for a MRI of the Thoracic Spine. The current medication list was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. A recent detailed physical examination of the thoracic spine was not specified in the records provided.

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out". Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags". A recent detailed physical examination of the thoracic spine was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Significant functional deficits on neurological examination that would require MRI of the Thoracic Spine was not specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent thoracic spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of chiropractic visits for this injury. Previous chiropractic visit notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for MRI of the Thoracic Spine was not specified in the records provided. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the Thoracic Spine is not medically necessary or fully established for this patient.