

<b>Case Number:</b>	CM14-0165878		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year old male with a date of injury on 5/31/2012. The injured worker was apparently hit by a bucket in the head. He developed multiple musculoskeletal complaints. The injured worker had complaints of neck pain with pain radiating into the upper extremities. He also has complaints of thoracic spine pain. However, a magnetic resonance imaging (MRI) of the thoracic spine from 1/13 did not reveal significant pathology. The injured worker was under the care of an orthopedist who noted ongoing para-thoracic tenderness, for which physical therapy was recommended. In 9/14, the injured worker started seeing a chiropractor, at which time the injured worker still had para-thoracic complaints, however, on exam, no thoracic pathology was identified. Request was made for thoracic spine x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic spine X-ray:** Upheld

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

**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, Radiography (x-rays)

**Decision rationale:** The injured worker has had a prior thoracic spine imaging study, a magnetic resonance imaging (MRI), which revealed only a mild disc bulge and no other pathology. The injured worker has ongoing thoracic complaints that are essentially subjective in nature. There is no indication that there has been any intervening trauma or event which would have led to any change in clinical status. Overall, there is no support for performing an x-ray more than 2 years post injury, in which a prior magnetic resonance imaging (MRI) has been done, and for which there are only some subjective complaints, with no objective abnormalities on exam. Given this, the request for thoracic spine x-ray is not supported.