

<b>Case Number:</b>	CM14-0180924		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/04/2000
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 55 year-old patient sustained an injury on 1/4/2000 while employed by [REDACTED]. Request(s) under consideration include Thoracic MRI without contrast. Diagnoses include cervical disc degeneration. Report of 10/7/14 from the provider noted the patient with chronic ongoing cervical, thoracic, and lumbar pain with associated radiation to the right shoulder and scapular area, around the right anterior chest causing difficulty breathing, and down into lateral legs with swelling, numbness, tingling and weakness. Physical therapy provided short-term 5 hour relief after the sessions without long-term benefit. Exam showed pre-tibial edema bilaterally; tenderness to mid-line and lower cervical area, suprascapular areas; mid-line lumbar musculature; diffuse decreased range in flex/ext to 50%; normal gait and stance; diffuse decreased sensation in right C6, C7 and left L5. Treatment included cervical medial branch blocks at C4-6, MRI of thoracic spine, and follow-up. The patient remained P&S treating under future medical. The request(s) for Thoracic MRI without contrast was non-certified on 10/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic MRI with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** This 55 year-old patient sustained an injury on 1/4/2000 while employed by [REDACTED]. Request(s) under consideration include Thoracic MRI without contrast. Diagnoses include cervical disc degeneration. Report of 10/7/14 from the provider noted the patient with chronic ongoing cervical, thoracic, and lumbar pain with associated radiation to the right shoulder and scapular area, around the right anterior chest causing difficulty breathing, and down into lateral legs with swelling, numbness, tingling and weakness. Physical therapy provided short-term 5 hour relief after the sessions without long-term benefit. Exam showed pre-tibial edema bilaterally; tenderness to mid-line and lower cervical area, suprascapular areas; mid-line lumbar musculature; diffuse decreased range in flex/ext to 50%; normal gait and stance; diffuse decreased sensation in right C6, C7 and left L5. Treatment included cervical medial branch blocks at C4-6, MRI of thoracic spine, and follow-up. The patient remained P&S treating under future medical. The request(s) for Thoracic MRI without contrast was non-certified on 10/17/14. ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings with intact motor strength and dermatomal decreased sensation in cervical region. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Thoracic MRI without contrast is not medically necessary and appropriate.