

<b>Case Number:</b>	CM14-0216276		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: 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:

This 44 year old male sustained work related industrial injuries on August 31, 2011 while working as a roofer. According to the UR, the mechanism of injury involved a slip and fall. Per UR, MRI of the lumbar on February 27, 2012, revealed touching of the nerve root at L5-S1 bilaterally. The injured worker underwent a lumbar fusion on June 7, 2013. According to primary treating physician progress report dated November 17, 2014, the injured worker reported frequent thoracic and low back pain with radiation to lower extremity. The pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged standing, and walking multiple blocks. Objective findings revealed a well-nourished, well developed male in no acute distress. The injured worker's gait was noted to be intact. The injured worker was diagnosed with thoracic pain. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. Per treating provider report dated November 17, 2014, thoracic and lumbar spine exam revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was negative. Range of motion for standing flexion and extension were guarded and restricted. Documentation noted no clinical evidence of stability on exam. Sensation and strength were normal with full circulation in the lower extremities. The provider recommendation was for a thoracic MRI secondary to upper/mid spine pain lasting longer than 4-6 weeks. As of November 17, 2014, the injured worker remains permanent and stationary. The treating physician prescribed services for MRI of thoracic spine now under review. On November 26, 2014, the Utilization Review (UR) evaluated the prescription for a MRI of thoracic spine requested on November 24, 2014. Upon review of the clinical information, UR non-certified the request for

MRI of thoracic spine, noting the lack of sufficient clinical documentation to support medical necessity. This UR decision was subsequently appealed to the Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of thoracic and lumbar spinal column injury, by Amy Kaji, MD

**Decision rationale:** An MRI of the thoracic spine should be reserved for patients with neurologic deficits or patients with spinal canal compromise who exhibit signs and symptoms of radicular disease unresponsive to conservative therapy. The medical documentation does not meet these criteria. In addition there is no evidence on plain films that suggest clinical red flags, such as primary or metastatic disease of the spinal bodies or osteomyelitis. A thoracic spine MRI is not clinically indicated.