

<b>Case Number:</b>	CM14-0219110		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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, who was injured on September 5, 2014, while performing regular work duties. He lost his balance while on a ladder. He fell, hitting his head, back, and hands. The fall resulted in pain in the head, neck, both wrists, low back, and left hip. The injured worker has received treatment including electro-diagnostic studies, medications, and working restrictions. He has continued complaint of low back and left hip pain, and headaches accompanied by nausea, dizziness, and difficulty sleeping, in addition to neck pain with radiation to the upper and mid back areas. He also, continues to complain of bilateral wrist and hand pain with radiation to the fingers. He complains of stomach upset due to pain medications. The current diagnoses are cervical intervertebral disc displacement without myelopathy, thoracic disc disease, and lumbar intervertebral disc displacement without myelopathy, left wrist internal derangement, and gastroesophageal reflux. The request for authorization is for a magnetic resonance imaging of the thoracic spine. The primary diagnosis is not provided on the request for authorization dated October 20, 2014. On December 1, 2014, Utilization Review non-certified the request for a magnetic resonance imaging of the thoracic spine, based on MTUS, ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic Chapter, MRIs Topic

**Decision rationale:** The patient is a 52 year old male with an injury date of 09/05/14. The patient presents with headaches, and neck pain radiating to the mid back. The current request is for MRI OF THORACIC per the 10/24/14 report and RFA. The patient is not working as of 10/24/14. ODG guidelines Low Back Lumbar & Thoracic Chapter, MRIs Topic, state, "A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009)" ODG further states MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative treatment. The 10/24/14 report states that the patient has neck pain radiating into the mid back. Two treatment reports are provided for review dated 10/24/14 and 12/01/14 and state there is bilateral tenderness to the lumbar and cervical paraspinal muscles. On 10/24/14 the treater states this request is, "based on the history of trauma and evidence on ongoing neurological deficit where the patient has failed to respond to conservative treatment measures." The reports do show the patient fell 7 feet to the ground from a ladder. However, sensory examination findings in both reports show as normal. The patient's diagnoses include: Thoracic disc disease, and Displacement of Thoracic and lumbar intervertebral disc without myelopathy. In this case, there is lack of sufficient documentation of thoracic issues, such as any radiation into thoracic cavity to warrant an MRI. There are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI. The request IS NOT medically necessary.