

<b>Case Number:</b>	CM15-0002179		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/08/1964
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 an 81 year old male, who sustained an industrial injury on 7/08/1964. Diagnoses include post laminectomy syndrome of lumbosacral region, sacroiliac joint dysfunction of right side and idiopathic peripheral neuropathy. Treatment to date has included multiple surgical interventions (5 lumbar surgeries including fusion and laminectomy), epidural steroid injections, nerve root injections, facet injections, physical therapy, medications including Hydrocodone and narcotics, use of a wheelchair, bracing, diagnostics, home exercise and ice application. Magnetic resonance imaging (MRI) of the lumbar spine dated 9/09/2013 showed multilevel canal stenosis and foraminal narrowing. Per the Neurosurgical evaluation dated 10/16/2014, the injured worker reported persistent low back pain for 50 years gradually worsening with radiation to the bilateral knees. Physical examination revealed exquisite localized tenderness to the incisional area. There was no paraspinal muscle spasm or swelling. Range of motion testing was limited by pain. There was pain in the right sacroiliac joint. The plan of care included, and authorization was requested, for magnetic resonance imaging (MRI) of the thoracic spine and a spinal cord stimulator trial.

### 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 12 Low Back Complaints Page(s): 304, 309.

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

**Decision rationale:** According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery. In this case the exam notes cited do not demonstrate any deficit neurologically. There is no evidence of a thoracic level pathology by history or examination from the note 10/16/14. Based on this the request for MRI thoracic spine is not medically necessary.