

<b>Case Number:</b>	CM15-0108750		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old male, who sustained an industrial injury on 2/11/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and thoracic spine disc bulging. Cervical magnetic resonance imaging showed multilevel cervical disc bulging. Treatment to date has included medication management. In a progress note dated 3/24/2014, the injured worker complains of lower and mid back pain. Physical examination showed cervical and thoracic tenderness to palpation with painful range of motion. The treating physician is requesting thoracic spine magnetic resonance imaging.

### 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 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/Upper Back, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker received a thoracic MRI on 3/7/14 that revealed hypertrophic changes from T2-T7 as well as from T11-L1. As of the most recent progress report, there have been no changes in the injured workers pain or level of function and no new injury to necessitate a repeat MRI. Additionally, the injured worker has not yet begun an approved physical therapy program. The request for MRI of the thoracic spine is determined to not be medically necessary.