

<b>Case Number:</b>	CM15-0110849		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 55-year-old female who sustained an industrial injury on 4/10/2015 resulting in neck and upper back pain. She is diagnosed with cervical, thoracic, and lumbar sprain. Treatment has included medication with no report of effectiveness noted. The injured worker continues to present with neck and back pain, and limited range of motion. The treating physician's plan of care includes x-rays and MRI of the cervical and thoracic spine. Current working status is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies include; 1) Emergence of a red flag. 2) Physiologic evidence of tissue insult or neurologic dysfunction. 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the anatomy prior to an invasive procedure. In this case, the injured worker is diagnosed with a thoracic sprain. There is no evidence of a concern for red flags, there is no impending surgery, and the injured worker has not failed to progress in a strengthening program. The request for x-ray thoracic spine is determined to not be medically necessary.

**X-Ray Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies include; 1) Emergence of a red flag. 2) Physiologic evidence of tissue insult or neurologic dysfunction. 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the anatomy prior to an invasive procedure. In this case, the injured worker is diagnosed with a thoracic sprain. There is no evidence of a concern for red flags, there is no impending surgery, and the injured worker has not failed to progress in a strengthening program. The request for x-ray cervical spine is determined to not be medically necessary.

**MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies include; 1) Emergence of a red flag. 2) Physiologic evidence of tissue insult or neurologic dysfunction. 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the anatomy prior to an invasive procedure. In this case, the injured worker is diagnosed with a thoracic sprain. There is no evidence of a concern for red flags, there is no impending surgery, and the injured worker has not failed to progress in a strengthening program. The request for MRI thoracic spine is determined to not be medically necessary.

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies include; 1) Emergence of a red flag. 2) Physiologic evidence of tissue insult or neurologic dysfunction. 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the

anatomy prior to an invasive procedure. In this case, the injured worker is diagnosed with a thoracic sprain. There is no evidence of a concern for red flags, there is no impending surgery, and the injured worker has not failed to progress in a strengthening program. The request for MRI cervical spine is determined to not be medically necessary.