

<b>Case Number:</b>	CM15-0112056		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 7/8/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc herniation, lumbar radiculopathy, chronic neck pain, chronic thoracic pain and cervical myofascial pain. Lumbar magnetic resonance imaging showed mild anterior spondylosis with mild scoliosis and electromyography (EMG) of the bilateral upper and lower extremities was abnormal. Treatment to date has included therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of pain in the left ear and jaw and increased facial pain following a Toradol injection. Pain was rated 10/10 without medications and 4/10 with medications. The injured worker also complains of mid back pain rated 5-10/10, low back pain rated 4/10 and hip pain rated 5-10/10. Physical examination showed lumbar and thoracic tenderness and decreased range of motion in the cervical, thoracic and lumbar spine. The treating physician is requesting one single positional thoracic magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One single positional thoracic MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

**Decision rationale:** One single positional thoracic MRI is not medically necessary per the MTUS and the ODG Guidelines. Spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation indicates that on prior review 458434-dated 4/7/15 a thoracic MRI was certified and performed on 4/24/15. There are no extenuating factors that would necessitate a repeat thoracic MRI therefore this request cannot be certified as medically necessary.