

<b>Case Number:</b>	CM15-0118761		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/29/2009
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Connecticut, California, Virginia  
 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:

This is a 59 year old male with a November 29, 2011 date of injury. A progress note dated May 7, 2015 documents subjective complaints (increasing upper back pain radiating to both shoulder blades; moderate constant stiffness in the upper as well as the lower back rated at a level of 5/10; pain in the low back radiates to the buttocks and posterior thighs; numbness and paresthesias down both lower extremities; not sleeping well; increased stiffness at night; decline in functional endurance for doing household chores), objective findings (flattening of the lumbar spine; tender points over the spinous processes from T4 to S1; bilateral thoracic and lumbar paraspinal tenderness with 3+ spasm in the mid lumbar and lower lumbar segments; hyperesthesia to pinprick over the L5-S1 dermatome), and current diagnoses (acute flare up of lumbar discogenic pain secondary to multilevel lumbar degenerative disc disease; multilevel lumbar facet arthritis; thoracic degenerative disc disease; chronic pain related anxiety; insomnia secondary to chronic pain). Treatments to date have included medications, radiofrequency ablation with good pain relief, trigger point injections, magnetic resonance imaging of the lumbar spine (January 20, 2010; showed sacralized L5 and small herniated disc at L5), physical therapy which did not help, and an epidural steroid injection that did not help. The medical record indicates that the injured worker has a history of kidney removal and is unable to take many medications. The treating physician documented a plan of care that included a magnetic resonance imaging of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Thoracic Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case, Utilization Review has certified a request for lumbar MRI, but non-certified a request for thoracic MRI. The patient is noted to have lumbar symptoms with consistent lower extremity issues, warranting lumbar imaging in light of failed conservative treatment, but absent issues correlated to thoracic levels, a clear indication for thoracic MRI is not supported by the provided documents. Without further indication for imaging of the t-spine, the request for MRI at this time cannot be considered medically necessary per the guidelines.